

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

4 - - -

5 IN RE: NATIONAL PRESCRIPTION
6 OPIATE LITIGATION

Case No.
1:17-MD-2804

8 APPLIES TO ALL CASES

Hon. Dan A.
Polster

9
10 Case No. 1:17-MD-2804

11 - - -

12 March 21, 2019

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14 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
15 CONFIDENTIALITY REVIEW

16 Videotaped deposition of PAUL
17 CAMPANELLI, held at 250 West 55th Street,
18 New York, New York, commencing at 9:10 a.m.,
19 on the above date, before Marie Foley, a
20 Registered Merit Reporter, Certified
21 Realtime Reporter and Notary Public.

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2 9:10 a.m.

3 New York, New York

4 - - -

5 THE VIDEOGRAPHER: All right.

6 We are now on the record.

7 My name is Henry Marte. I am a
8 videographer with Golkow Litigation
9 Services.

10 Today's date is March 21st,
11 2019, and the time is 9:10 a.m.

12 This videotaped deposition is
13 being held in New York, New York, in
14 the matter of National Prescription
15 Opiate Litigation. The deponent today
16 is Paul Campanelli.

17 All appearances are noted on the
18 stenographic record.

19 Will the court reporter please
20 administer the oath to the witness.

21 - - -

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24

1 PAUL CAMPANELLI, the Witness herein,
2 having been first duly sworn by a
3 Notary Public in and of the State of
4 New York, was examined and testified as
5 follows:

6 EXAMINATION BY

7 MR. BUCHANAN:

8 Q. Good morning, Mr. Campanelli.

9 My name is Dave Buchanan.

10 Could you please state your name
11 for the record, sir?

12 A. It's Paul Campanelli.

13 Q. And, are you the current chief
14 executive officer of Endo?

15 A. Yes.

16 Q. You're also a board member of
17 Endo.

18 Is that right?

19 A. Yes.

20 Q. Okay. Just so you understand
21 where I come from on this, I and others
22 working with us represent cities,
23 municipalities, counties who've been
24 impacted by the opioid epidemic. They've

1 brought claims against you and other
2 entities.

3 Do you have some general sense
4 of that litigation, the opioid litigation
5 by municipalities, counties, cities?

6 A. Yes.

7 MR. BUCHANAN: Okay. Can we go
8 off the record for a moment?

9 THE VIDEOGRAPHER: The time is
10 9:11 a.m.

11 Off the record.

12 (Discussion held off the record.)

13 THE VIDEOGRAPHER: We are back
14 on the record.

15 The time is 9:12 a.m.

16 BY MR. BUCHANAN:

17 Q. I apologize for that
18 interruption, sir.

19 Just to restate where we were,
20 you are the current CEO of Endo.

21 Is that right?

22 A. Correct.

23 Q. You're board member of Endo?

24 A. Correct.

1 Q. I take it you're a shareholder
2 of Endo?

3 A. Yes.

4 Q. Okay. As the CEO, that means
5 chief executive officer?

6 A. Yes.

7 Q. You are the senior-most officer
8 of the company?

9 A. Yes.

10 Q. As a board member, you're on the
11 board of directors of the company?

12 A. Correct.

13 Q. Board of directors is the group
14 that's appointed by the shareholders to
15 oversee the operations of the company,
16 correct?

17 A. To govern the company, yes.

18 Q. To govern the company, thank
19 you.

20 The board and its senior
21 officers are charged with returning value
22 and profits to shareholders, right?

23 A. Yes.

24 Q. Shareholders own the company,

1 right?

2 A. Yes.

3 Q. And you work for the
4 shareholders to make money for the
5 shareholders?

6 A. Yes.

7 Q. Thank you.

8 What I'd like to do, because
9 there's been some different acquisitions
10 and some different names, I want to see if
11 we can orient ourselves from the various
12 entities and get some common knowledge and
13 dates down. We have a slide that
14 hopefully will simplify this.

15 MR. BUCHANAN: Could we get
16 slide 2 over to counsel?

17 And what's that going to be
18 marked as an exhibit?

19 This is Exhibit 201.

20 (Campanelli Exhibit 201,
21 document, was marked for
22 identification, as of this date.)

23 MR. BUCHANAN: My intent,
24 counsel, is to mark demonstratives

1 from 200 up. With regard to
2 substantive exhibits, they'll be in
3 the first range of 100. We may not
4 mark them all.

5 BY MR. BUCHANAN:

6 Q. Showing you what's marked as
7 201, sir, it's a timeline of the Endo
8 corporate history.

9 You see off in the left, Endo
10 Pharmaceuticals actually goes back, well,
11 a long time, right? Back to the 1920s?

12 MR. STERN: Objection; lack of
13 foundation.

14 A. This is back in the DuPont Merck
15 days.

16 Q. This actually even precedes the
17 DuPont Merck days, correct, sir?

18 A. Yes, correct.

19 Q. You see the far left column Endo
20 Pharmaceuticals formed in 1920?

21 A. Yes.

22 Q. And that's a history that you've
23 referenced in annual reports and
24 shareholder reports over the years, that

1 this is a company that goes back to the
2 1920s.

3 Correct, sir?

4 MR. STERN: Objection; lack of
5 foundation.

6 A. To the best of my knowledge,
7 that -- that is part of the original
8 predating DuPont Merck.

9 So, while in name, yes. I don't
10 believe the company actually started until
11 about 1997.

12 Q. Okay. And, what you're alluding
13 to, sir, is that at some point in time,
14 the timeline indicates 1970, but without
15 regard to whether it was 1970 or '71 or
16 '69, DuPont acquired Endo, correct?

17 A. That's what it says here.

18 Q. Okay. And then ultimately there
19 was a join venture between DuPont and
20 Merck to focus on pharmaceuticals,
21 correct?

22 A. I -- I'm not sure of the case
23 there.

24 Q. Okay. Then in the late '90s,

1 1997 or so, some executives of what was
2 then operating as the DuPont Merck joint
3 venture essentially spun off the Endo
4 portfolio and established a new company
5 called Endo Pharmaceuticals.

6 Correct, sir?

7 A. I think what happened was a
8 group of individuals were given an
9 opportunity to acquire a series of
10 products and acquired the name Endo back
11 in 1970.

12 Q. Understood.

13 So whatever the corporate
14 transactional structure were, some
15 products that were currently being
16 promoted, manufactured, et cetera, by the
17 Merck DuPont joint venture were sold by
18 the DuPont Merck joint venture together
19 with the name Endo and a new company was
20 formed, correct?

21 MR. STERN: I apologize,
22 Mr. Buchanan. You're talking about
23 1970 now?

24 MR. BUCHANAN: I was, yes.

1 A. I think that's right. That
2 three individuals bought a handful of
3 products and bought the name Endo back in
4 1997.

5 Q. Okay. And the CEO for that
6 reformed Endo Pharmaceuticals in 1997 was
7 whom?

8 A. I believe it was Carol Ammons.
9 I believe that's her name.

10 Q. Okay. And then the company
11 operated for a number of years privately
12 and then ultimately went public and gained
13 public shareholders in 2000, right?

14 A. I -- I'm not sure of the date.
15 I see it here on the sheet. So
16 I have no reason not to believe it.

17 Q. And I don't think that's going
18 to be a material point for us today. I
19 just wanted to make sure we were oriented
20 here.

21 In 2010, we see an acquisition
22 of a then large generic pharmaceutical
23 company, correct?

24 A. They acquired Qualitest, yes, a

1 generics company.

2 Q. And 2010 is consistent with your
3 recollection, sir, of when that occurred?

4 A. Yes.

5 Q. Then we could probably skip over
6 2014 which references an Irish inversion.

7 Something I assume done for tax
8 returns and other reasons, right?

9 A. Yes.

10 Q. Okay. And Endo is the U.S.
11 subsidiary going forward from that point
12 in time.

13 And then Endo acquired Par,
14 correct?

15 A. Endo acquired Par in 2015.

16 Q. Okay. And so we have,
17 essentially, three pharmaceutical
18 companies that had their own portfolios.

19 If we look in the post-1997 era,
20 we've got Endo with a portfolio of
21 products it brought from DuPont Merck,
22 correct?

23 A. Yes.

24 Q. We've got Qualitest

1 Pharmaceuticals with its portfolio of
2 generics products, correct?

3 A. Yes.

4 Q. And we have Par with its
5 portfolio of products that were acquired
6 by Endo in 2015, correct?

7 A. Correct.

8 Q. And it looks like as a business
9 matter, after that merger or acquisition
10 in 2015, generic products, meaning
11 non-branded pharmaceutical products, were
12 consolidated in the Par brand, right?

13 MR. STERN: Objection to the
14 form.

15 A. In 2015 when Endo acquired Par,
16 the Qualitest portfolio fell under to the
17 Par portfolio in name and then was
18 governed under Endo.

19 Q. And just to make sure we have
20 context in how you come to this, sir, you
21 came into the Endo entities through the
22 acquisition of Par in 2015?

23 A. Correct.

24 Q. Okay. And, so, let's dial back

1 the clock and make sure we understand kind
2 of your role and involvement in the
3 pharmaceutical industry.

4 You were with Par from, what,
5 roughly 2000, 2001?

6 A. 2001.

7 Q. Okay. And moved through various
8 positions though.

9 Ultimately, you reached the CEO
10 position at Par, correct?

11 A. Started in business development
12 and concluded as the CEO.

13 Q. And you were the CEO from, what,
14 2010 or so?

15 A. No. I was the CEO from 2012 to
16 2015.

17 Q. And, during your time at Par,
18 Par was also in the opioid business,
19 right?

20 A. We had a small portfolio, yes.

21 Q. And, at the time when Endo
22 acquired Par it was in the opioid business
23 still at that point, correct?

24 MR. STERN: Objection to form.

1 A. I'm sorry. Could you repeat
2 that?

3 Q. In 2015 when Endo acquired Par,
4 it was making opioid products for sale,
5 correct?

6 A. Par?

7 Q. Par.

8 A. Yes.

9 Q. I see the confusion with my
10 question.

11 In 2015 when Endo acquired Par,
12 Par was still in the business of making
13 opioid products, correct, sir?

14 MR. STERN: Object to the form.

15 A. Par was manufacturing and either
16 would have acquired and distributed
17 opioids from third parties.

18 Q. Okay. At the point in time in
19 2010 when Endo acquired Qualitest,
20 Qualitest, which you indicated was a
21 generic manufacturer of drugs, they also
22 had a portfolio of opioid products they
23 were manufacturing and distributing,
24 correct?

1 A. That's my general understanding.

2 Q. As of the time you became CEO of
3 Endo, the Endo company prior to the merger
4 was substantially invested in the pain
5 segment.

6 Fair?

7 A. I'm a little confused with your
8 question. I'm sorry. Could you just
9 re --

10 Q. No, no, that's fine. And please
11 do that throughout the day if, for
12 whatever reason, we're not communicating
13 clearly or my questions aren't clear.

14 Prior to the acquisition of the
15 Par assets in 2015, I mean, you were a
16 part of that discussion and negotiation
17 back and forth with Endo?

18 A. For the acquisition of Par, yes.

19 Q. Yes.

20 And Endo ultimately paid, what,
21 8 billion dollars to acquire the Par
22 assets?

23 A. Correct.

24 Q. And if I understand correctly,

1 sir, the Par assets had sold for 2 billion
2 dollars just a few years before that,
3 right?

4 A. 2.2 billion dollars.

5 Q. So roughly a fourfold return for
6 the company, its shareholders, when it
7 sold in 2015?

8 A. Generally, yes.

9 MR. STERN: Objection to the
10 form.

11 BY MR. BUCHANAN:

12 Q. Okay. At the point in time when
13 you were having this discussion with Endo
14 in 2015 about selling Par, becoming
15 involved in Endo, Endo was in the pain
16 business at that point in time, right?

17 A. It had a portfolio of products
18 that were detailed into pain, yes, amongst
19 others.

20 Q. Endo was essentially known as a
21 pain management company, correct?

22 A. In 2015?

23 2015 I think it was
24 transitioning to a specialty company.

1 Q. You recognize historically, sir,
2 that Endo was a pain management company,
3 if we go back to the '90s, early 2000s,
4 2010.

5 Fair?

6 A. Yes.

7 Q. Okay. And its portfolio of
8 products in pain management significantly
9 included opioid products, true?

10 MR. STERN: Objection to the
11 form.

12 A. My understanding was there was a
13 couple of opioid products in the
14 portfolio.

15 Q. Okay. Well, let's see if we can
16 orient ourselves more specifically. We're
17 talking about opioid products today.
18 That's, essentially, the subject of the
19 case, for reasons we'll get into.

20 You have an understanding of
21 really in some sense what opioid products
22 do?

23 A. Generally, yes.

24 Q. Okay. They bind to receptors in

1 the brain, among other things, right?

2 MR. STERN: Objection to the
3 form.

4 A. Sounds reasonable.

5 Q. Okay. They can trigger a series
6 of reactions in the body that can release
7 feelings of pleasure, euphoria, suppress
8 anxiety.

9 Fair?

10 MR. STERN: Objection to the
11 form.

12 A. These areas I really don't know.

13 Q. Okay. Do you have some general
14 sense, sir, that they can lead to a
15 subjective feeling of pleasure and
16 euphoria?

17 A. Generally.

18 Q. Okay. And that's not something
19 that's really new or unique in the
20 portfolio of products that Endo brought
21 out in 1997, right?

22 MR. STERN: Objection to the
23 form.

24 A. I'm not sure I follow your

1 question.

2 Q. I mean, I guess where I was
3 going is that's just the characteristic of
4 opioids, right?

5 MR. STERN: Objection to the
6 form.

7 A. I really don't know the -- the
8 specificity of the characteristics. I
9 just don't, really.

10 Q. Do you have some understanding,
11 sir, more broadly that, I mean, opioids go
12 back thousands of years.

13 Fair?

14 A. Fair.

15 Q. Obviously not in tablet form.
16 In different forms, but derived from the
17 opium poppy?

18 A. Understood.

19 Q. Over time, scientists figured
20 out how to synthesize those into either
21 drugs for pleasure or drugs for treatment?

22 MR. STERN: Objection to the
23 form.

24

1 BY MR. BUCHANAN:

2 Q. Right?

3 A. I don't know about drugs for
4 pleasure.

5 I know that drugs were focused
6 on for pain.

7 Q. Well, I mean, you've heard of
8 opium dens, sir?

9 A. Yes.

10 Q. And I just want to orient
11 ourselves.

12 I mean, this class of drugs that
13 kind of brings us in this room today had
14 predecessor compounds going back thousands
15 of years that had been the subject of
16 abuse and use, right?

17 A. I understand abuse and misuse of
18 opioids, generally speaking, yes.

19 Q. Okay. And really this isn't the
20 first time we've had to deal with issues
21 of opioid abuse, even opioid epidemics?

22 MR. STERN: Objection to the
23 form.

24 A. Again, I'm not -- I'm not sure

1 specifically.

2 Q. I just want to have an
3 understanding, even generally, sir. I
4 mean, as the CEO of a company that still
5 has a portfolio of opioid products, I
6 mean, you do have some understanding that
7 there is a history with opioid products
8 and abuse and addiction, being diverted.

9 Fair?

10 MR. STERN: Objection to the
11 form.

12 A. As a CEO, I am aware of abuse
13 and misuse of opioids over time.

14 Q. But that's something that you
15 didn't have to wait until 2010 to find
16 out, right?

17 A. Me personally?

18 Q. Yeah.

19 A. Generally -- general
20 understanding, it would have been in -- in
21 probably the 2015 time frame that it
22 really became an awareness for me.

23 Q. Okay. We'll see if we can pin
24 that down as we move throughout the day,

1 sir.

2 I mean, just as a person growing
3 up over the last 50 or so years, you have
4 an awareness that drugs, whether it's
5 Morphine, whether it's OxyContin, whether
6 it's heroin, are highly sought and highly
7 abused.

8 Fair?

9 MR. STERN: Objection to the
10 form.

11 A. I am aware that these type of
12 drugs can be abused and misused, yes.

13 Q. And that awareness, sir, you had
14 that prior to 2015?

15 A. Fair, yes.

16 Q. Okay. Well, let's see if we can
17 maybe using this chart as a reference
18 point, see if we can see where the
19 company's various products fit in, if we
20 could.

21 MR. BUCHANAN: Corey, could I
22 have slide 20 up on the screen?

23 I'll pass one over to counsel.
24 What exhibit number will this

1 be?

2 I'm going to pass you Exhibit
3 202, a copy for the witness and
4 counsel.

5 MR. STERN: Thank you.

6 (Campanelli Exhibit 202,
7 document, was marked for
8 identification, as of this date.)

9 BY MR. BUCHANAN:

10 Q. Sir, I'll represent to you that
11 in the course of litigation, what happens
12 is we exchange information with each
13 other. You'll give us a bunch of
14 documents. We'll give you documents and
15 both sides will try and sift through that
16 and see what the state of play is.

17 From records produced through
18 Endo over the years, we have an
19 understanding that Endo made various
20 oxycodone products.

21 Do you have that awareness, sir?

22 A. Yes.

23 Q. Okay. And on the left-hand
24 column we see several different, if you

1 will, formulations of those products
2 together with brand names that were used
3 from time to time.

4 Do you see those?

5 A. Yes.

6 Q. Percocet, that's your brand,
7 right?

8 A. Correct.

9 Q. Percocet's been a brand of the
10 company since the '70s, correct?

11 A. I know it's been approved for
12 many years. I'm not sure about the
13 specific date.

14 Q. Okay. And Percocet contains
15 oxycodone as its active pharmaceutical
16 ingredient, correct?

17 A. I believe that's one of them.

18 Q. What is the active
19 pharmaceutical ingredient, sir, in
20 OxyContin?

21 A. Oxycodone.

22 Q. Okay. And, so, we see that the
23 company here, Endo, is a manufacturer of
24 Percocet, an oxycodone product, as well as

1 another product called Endocet.

2 Do you see that?

3 A. Yes.

4 Q. Do you recognize that, sir, as
5 the generic formulation of the company's
6 Percocet product?

7 A. Yes.

8 Q. And for years, sir, the company
9 made, marketed and sold Endocet, correct?

10 A. Yes.

11 MR. STERN: Objection to the
12 form; lack of foundation.

13 BY MR. BUCHANAN:

14 Q. Endocet and Percocet. There's
15 also a reference to Percodan and Endodan.
16 Percodan is also your brand,
17 right?

18 MR. STERN: Object to the form.

19 A. I'm not familiar with it. I see
20 it on the sheet here.

21 Q. Okay. Do you recognize that,
22 sir, as the combination of oxycodone and
23 aspirin?

24 A. I'm not familiar with the drugs.

1 Q. Okay. I take it you wouldn't
2 dispute if we had records from -- from
3 your company that said you sold a bunch of
4 Percodan and Endodan that you actually did
5 so?

6 MR. STERN: Objection to the
7 form.

8 A. I -- I don't know, but I
9 wouldn't have any reason to dispute it.

10 Q. Fair enough.
11 There's a reference to oxycodone
12 ER.

13 Do you see that?

14 A. Yes.

15 Q. That's the generic formulation
16 of a brand product, right, sir?

17 A. Yes.

18 Q. And please tell the jury what
19 the brand name of that product is.

20 A. OxyContin extended-release.

21 Q. And you sold a bunch of those
22 pills?

23 MR. STERN: Objection to the
24 form.

1 BY MR. BUCHANAN:

2 Q. Right?

3 A. We sold -- we sold the product.

4 Q. And we're going to talk about
5 volume at some point today.

6 I mean, at what point is it a
7 lot of product, sir? I mean, are billions
8 of pills a lot of product?

9 MR. STERN: Objection to the
10 form.

11 A. I never thought about it in
12 terms of what a lot is. It's usually
13 based upon what the wholesalers' purchase
14 orders are.

15 Q. Right.

16 Would you be surprised to learn,
17 sir, that you sold billions of
18 oxycodone-containing products?

19 MR. STERN: Objection to the
20 form.

21 A. Again, if that was based upon a
22 purchase order, it would not surprise me.

23 Q. Okay. We'll have a chance,
24 hopefully, to look at that today.

1 And then we see Percolone and
2 Endocodone as two additional formulations
3 of oxycodone-containing products.

4 Do you see those?

5 A. I see the names.

6 Q. You're aware, sir, that
7 oxycodone products were target of abuse
8 and diversion in the market.

9 Fair?

10 MR. STERN: Objection to the
11 form.

12 A. I'm sorry. Could you say that
13 again?

14 Q. You're aware that
15 oxycodone-containing products were a
16 target of abuse and diversion in the
17 market?

18 MR. STERN: Objection to the
19 form.

20 A. I'm aware that it's -- it's
21 abused and misused.

22 Q. Okay. Let's look at the next
23 column, sir. And I didn't go into each of
24 the -- staying in the left column for a

1 moment, the oxycodone column.

2 You made a number of different
3 formulations in each of those products.
4 Well, not for all of them, but for some of
5 them.

6 Fair?

7 MR. STERN: Objection to the
8 form.

9 A. Again, I'm personally
10 familiar -- familiar with about three of
11 these products. I -- I'm not familiar
12 with every product on this sheet here in
13 the left column.

14 Q. I take it some of these products
15 were more popular than others?

16 MR. STERN: Objection to the
17 form.

18 A. I don't know if they were
19 popular or not. I'm just not familiar
20 with their names.

21 Q. Okay. Well, some of these were
22 bigger sellers than others?

23 A. I'm familiar with Endocet. I'm
24 familiar with oxycodone ER and I'm

1 familiar with Percocet.

2 Q. Okay. Let's move forward now to
3 hydrocodone.

4 Company made a number of
5 hydrocodone-containing products, correct?

6 A. I'm familiar with one product in
7 this column here, the Hydro/APAP.

8 Q. And hydrocodone/APAP if we were
9 trying to link that with a brand name,
10 that would be Vicodin, right?

11 A. That's my understanding.

12 Q. So in the oxycodone column we
13 have you all making Percocet and the
14 generic form of OxyContin as kind of
15 common trade names, right?

16 MR. STERN: Objection to the
17 form.

18 A. I'm sorry. Could you say that
19 one more time?

20 Q. Yeah.

21 In the oxycodone column, just so
22 we can kind of link this up with some
23 branded names to the extent that they're
24 not branded names, we have you making

1 Percocet, OxyContin generic and Percodan
2 as brands.

3 Fair?

4 MR. STERN: Objection to the
5 form.

6 A. Percocet is the brand name.
7 Endocet is the generic name and oxycodone
8 ER is a generic name for OxyContin ER.

9 Q. Okay. Moving over to the second
10 column from the left, hydrocodone. We see
11 you all making Vicodin, generic Vicodin.
12 Excuse me.

13 MR. STERN: Objection to the
14 form.

15 A. We make a generic version of
16 Vicodin, which is hydrocodone/APAP.

17 Q. Okay. Another drug that was
18 sought after and abused.

19 Fair?

20 MR. STERN: Objection to the
21 form.

22 A. Again, it -- I'm aware that has
23 been abused and misused.

24 Q. Okay. And then we have Morphine

1 in the middle. Morphine sulphate.

2 Do you see that?

3 A. Yes.

4 Q. That was another product that
5 you made, right?

6 MR. STERN: Objection to the
7 form.

8 A. It's a product that -- it's a
9 generic version that was made, I believe,
10 at Qualitest.

11 Q. Sir, I'll represent to you that
12 the data that I'm showing on this chart is
13 just for Endo.

14 I take it sitting here today --

15 MR. STERN: Objection.

16 BY MR. BUCHANAN:

17 Q. You can accept my representation
18 or not. I will tell you that that's what
19 the data reflects.

20 MR. STERN: Objection; lack of
21 foundation.

22 MR. BUCHANAN: Okay.

23 BY MR. BUCHANAN:

24 Q. Do you have any basis to

1 disagree, sir, that Endo actually made
2 morphine sulphate over the years, ER?

3 A. I can't dispute that.

4 Q. Okay. Let's go one further
5 notch to the right. Oxymorphone.

6 These were some big products for
7 the company, right?

8 A. These were products which were
9 distributed by Endo, yes.

10 Q. Marketed, promoted, distributed,
11 sold.

12 Fair?

13 A. Correct.

14 Q. We've got Opana, Opana ER and
15 Opana ER reformulated, correct?

16 A. Yes.

17 Q. And then we have another product
18 off to the right hydromorphone.

19 Do you see that?

20 A. Yes.

21 Q. And, are you familiar, sir, with
22 the concept of MMEs, Morphine equivalents?

23 A. Yes.

24 Q. There's different potencies of

1 the various opioids with regard to the
2 effects on the various receptors in the
3 brain.

4 Fair?

5 A. I don't know that.

6 Q. You're familiar, sir, that
7 certain products --

8 MR. BUCHANAN: Withdrawn.

9 Q. Within your business, sir,
10 certainly within the way these products
11 are promoted, a consideration that's to be
12 given with regard to dosing is how much
13 stronger in terms of potency the drug is
14 gram-for-gram relevant to Morphine.

15 Correct?

16 MR. STERN: Objection to the
17 form.

18 A. I know that MMEs are based on
19 the milligram equivalents.

20 Q. Okay. So, for example, one
21 milligram of Morphine -- excuse me.
22 Probably easier to go this direction.

23 MR. BUCHANAN: Withdrawn.

24 Q. One milligram of oxymorphone,

1 your Opana products, is equivalent to
2 three milligrams of Morphine, right?

3 A. That -- that appears correct.

4 Q. Okay. Three-to-one --

5 A. Correct.

6 Q. -- is the MME conversion, right?

7 And with regard to your
8 oxycodone products and Morphine, that's,
9 what, one-and-a-half-to-one?

10 MR. STERN: Objection to the
11 form.

12 A. Yes.

13 Q. And, so, essentially what that
14 means, sir, is that if we're looking at a
15 30 milligram Opana tablet, 30 milligram
16 Opana tablet --

17 MR. BUCHANAN: Withdrawn.

18 MR. STERN: Here comes the math.

19 MR. BUCHANAN: Thank you.

20 That's why I went to law school.

21 Withdrawn.

22 Q. If we look at a 30 milligram
23 Opana tablet or any of the oxymorphone
24 tablets there, that translates into

1 roughly 90 milligrams of Morphine, right?

2 A. Three-to-one.

3 Q. Three times 30, I think I can do
4 that without my calculator. That's 90
5 milligrams. All right.

6 Okay. So, these are the Endo
7 products, sir.

8 Let me pass you over Qualitest's
9 products.

10 (Campanelli Exhibit 203,
11 document, was marked for
12 identification, as of this date.)

13 BY MR. BUCHANAN:

14 Q. We talked a moment ago, sir,
15 about Qualitest's role and involvement
16 with regard to opioids and its
17 relationship with Endo.

18 Passing you what we're marking
19 as Exhibit 203. Just let me know when you
20 have that, sir.

21 (Pause.)

22 Q. Sir, I'll represent to you that
23 this is just a graphic reflecting the
24 various products that have been identified

1 in the order records from Qualitest over
2 the years.

3 We see, again, three columns.
4 And we're having some difficulty, I think,
5 showing the heading on the screen. It's
6 kind of blacked out right now.

7 But on your printout, you can
8 see the headings, correct, sir?

9 A. Yes.

10 MR. STERN: I'm sorry,
11 Mr. Buchanan. By headings do you mean
12 hydrocodone, oxycodone and
13 oxymorphone?

14 MR. BUCHANAN: I did. Thanks
15 for the clarification, counsel.

16 BY MR. BUCHANAN:

17 Q. So, the heading at the top of
18 Exhibit 203 says "Qualitest opioid drugs,"
19 correct?

20 A. Yes.

21 Q. On the left-hand side we have
22 hydrocodone.

23 Do you see that?

24 A. Yes.

1 Q. In the middle we have oxycodone,
2 right?

3 A. Yes.

4 Q. And to the far right we have
5 oxymorphone?

6 A. Yes.

7 Q. Okay. And do you have the
8 knowledge, sir, that in fact Qualitest was
9 in the business of making, selling and
10 distributing hydrocodone opioid products?

11 MR. STERN: Objection; lack of
12 foundation. Objection to the form.

13 BY MR. BUCHANAN:

14 Q. You can answer.

15 A. I'm aware that Qualitest
16 manufactured hydrocodone.

17 Q. Okay. And we talk hydrocodone
18 products, we're talking about
19 hydrocodone/APAP, that's that Vicodin
20 tablet, right? Or the brand?

21 A. That's my understanding. Okay.

22 Q. And we go to the middle column
23 here and we see oxycodone again and we
24 have oxycodone APAP at the bottom.

1 I think you told us a few
2 minutes ago oxycodone APAP would be the
3 Endo-branded product Percocet, right?

4 A. Correct.

5 Q. And then we have other oxycodone
6 tablets which if they were ER would be
7 OxyContin, right?

8 A. If they were ER.

9 Q. And if you just sold them plain,
10 it would just be OxyContin, right?

11 MR. STERN: Objection to the
12 form.

13 BY MR. BUCHANAN:

14 Q. IR?

15 A. IR here is an immediate release
16 product.

17 Q. Thank you.

18 Then on the right we have
19 oxymorphone, that's the active ingredient
20 in that drug that you marketed under the
21 brand name Opana, correct?

22 MR. STERN: Objection to the
23 form.

24 A. Oxymorphone here is a generic

1 version of Opana IR.

2 Q. And we're already using terms
3 that may not be clear. I guess IR is
4 immediate release?

5 A. Correct.

6 Q. ER is extended-release?

7 A. Correct.

8 Q. Okay. So when we talk about
9 oxycodone ER, which I think you said was
10 OxyContin, that's oxycodone
11 extended-release, right?

12 A. Yes.

13 Q. If you're talking oxycodone IR,
14 that's the active ingredient in OxyContin
15 but for immediate-release?

16 A. Yes.

17 Q. Thank you. All right.

18 Let's go forward to the next
19 one. Some Par products.

20 Can we pass over, please,
21 Exhibit 204?

22 (Campanelli Exhibit 204,
23 document, was marked for
24 identification, as of this date.)

1 BY MR. BUCHANAN:

2 Q. I think you told us, sir, that
3 you were the CEO of Par from 2012 to 2015,
4 correct?

5 A. Correct.

6 Q. And you worked there, I think,
7 from, what, 2000 to 2012 in various roles
8 as you escalated through the management
9 ranks, right?

10 A. Yes, from 2001 through 2015.

11 Q. Okay. Let's just kind of get in
12 context, if you will, where Par was in the
13 mix, okay.

14 Par made fentanyl products,
15 right?

16 A. No.

17 Q. No, sir?

18 A. No.

19 Q. We have shipping records that
20 reflect that you were selling fentanyl.

21 A. Par sold fentanyl.

22 Q. Fair enough.

23 So the fuss or the disagreement
24 was "make" versus "sold"?

1 MR. STERN: Objection to the
2 form.

3 A. Correct.

4 Q. And help me out, sir.

5 You didn't make, but you
6 acquired it?

7 A. Correct.

8 Q. And then sold it?

9 A. Yes.

10 Q. Does that mean you had a
11 contract manufacturer?

12 A. Yes.

13 Q. For each of these columns here
14 in the chart, and I probably should have
15 oriented us a little bit, these are Par
16 opioid drugs as we've identified from, if
17 you will, the order records that Par has
18 provided to us.

19 Fair?

20 MR. STERN: Objection to the
21 form.

22 BY MR. BUCHANAN:

23 Q. I'll tell you that. That's my
24 representation.

1 Do you recollect, sir, selling
2 fentanyl-containing products while at Par?

3 MR. STERN: Objection to the
4 form.

5 A. Par sold two forms of fentanyl
6 products.

7 Q. Okay. They sold fentanyl
8 citrate?

9 A. Yes.

10 Q. And that's the lozenge or
11 lollipop?

12 A. Correct.

13 Q. You also sold fentanyl patch?

14 A. We sold fentanyl patch for a
15 period of time.

16 Q. Okay. You also sold Morphine,
17 right?

18 MR. STERN: Objection to the
19 form.

20 A. We sold Morphine.

21 Q. Okay. Same qualification that
22 you provided with regard to fentanyl, sir.
23 That you sold it but didn't make it?

24 MR. STERN: Objection to the

1 form.

2 A. Par manufactured and sold
3 Morphine.

4 Q. You did, okay.

5 Let's look at oxycodone ER, sir.

6 That would be the OxyContin,

7 right?

8 A. Yes.

9 Q. So, Par, did they manufacture
10 and sell generic OxyContin?

11 A. No. Par sold.

12 Q. Okay. And with regard to
13 hydrocodone, looks like you sold some
14 liquids. That would be the active
15 ingredient in Vicodin hydrocodone, right?

16 MR. STERN: Objection to the
17 form.

18 MR. BUCHANAN: I'll withdraw.

19 BY MR. BUCHANAN:

20 Q. Hydrocodone, that's the active
21 ingredient in Vicodin?

22 A. Correct.

23 Q. And you sold hydrocodone
24 liquids, fair?

1 MR. STERN: Objection to the
2 form.

3 A. Par sold, did not manufacture,
4 Tussionex.

5 Q. Okay. And, certainly you were
6 kind of boots on the ground, so to speak,
7 or maybe not on the ground, but you were
8 at Par between 2010 and 2015 when these
9 products were either being made and sold
10 or sold by Par.

11 Fair?

12 A. Fair.

13 Q. Okay. You have recollection
14 that those were, in fact, active products
15 in the Par portfolio eligible for
16 purchase.

17 Fair?

18 A. Yes.

19 Q. Okay. You can set that aside.

20 MR. BUCHANAN: You can take that
21 down, Corey. Thank you.

22 BY MR. BUCHANAN:

23 Q. We're doing pretty good on
24 agreeing with one another on the various

1 facts, sir. I imagine we'll have some
2 fuss at some point today, but I want to
3 see if there's an area where we agree
4 there's no fuss.

5 No dispute, sir, that there is
6 an opioid epidemic in the country today.

7 Fair?

8 MR. STERN: Objection to the
9 form.

10 A. There's no dispute that there's
11 an opioid abuse epidemic.

12 Q. You're qualifying it with the
13 word "abuse"?

14 A. Correct.

15 Q. I see.

16 When did you become aware that
17 there was an opioid epidemic of any form,
18 sir?

19 MR. STERN: Objection to the
20 form.

21 A. Where it resonated was in the
22 2015 time frame.

23 Q. Okay.

24 MR. BUCHANAN: Can I have

1 Exhibit 1?

2 (Campanelli Exhibit 1, document,
3 was marked for identification, as of
4 this date.)

5 BY MR. BUCHANAN:

6 Q. To make this, I guess, easy
7 today, hopefully. We'll see if it works.
8 We've got a good portion of the day's
9 exhibits in a binder before you. We've
10 got a copy for your counsel.

11 MR. BUCHANAN: Here you are
12 (handling). There you go.

13 Q. The tab is the exhibit number.
14 So when I say go to Exhibit 1, please, you
15 can just go to Tab 1. Okay.

16 I will reference additional
17 numbers today. That's more for my tech
18 down the end of the table so he can put
19 them up on the screen for our benefit.

20 MR. STERN: Mr. Buchanan, excuse
21 me. These will be marked. There's no
22 exhibit stickers on mine. They're
23 going to be -- we can deal with this
24 on a break. We just need to make sure

1 we get them in the record the right
2 way.

3 MR. BUCHANAN: The witness's are
4 marked.

5 MR. STERN: They are, okay.

6 MR. BUCHANAN: We have an
7 exhibit tab in the corner, hopefully
8 if we've passed you the right binder,
9 sir.

10 MR. STERN: Yep. Thank you.

11 (Pause.)

12 BY MR. BUCHANAN:

13 Q. Sir, before you is --

14 MR. STERN: I'm sorry,
15 Mr. Buchanan. Can we straighten
16 out -- we can go off the record for a
17 minute? It will be my time. I just
18 want to straighten out the binders.

19 MR. BUCHANAN: That's fine.

20 THE VIDEOGRAPHER: All right.

21 The time is 9:47 a.m.

22 Off the record.

23 (Discussion held off the
24 record.)

1 THE VIDEOGRAPHER: Okay. The
2 time is 9:47 a.m.

3 Back on the record.

4 BY MR. BUCHANAN:

5 Q. Sir, do you have before you the
6 binder that we passed you with exhibits
7 for today?

8 A. Yes.

9 Q. Okay. If you turn to Tab 1,
10 that should be Exhibit 1 for today's
11 deposition. There should be a notation on
12 the bottom right corner.

13 A. Okay.

14 MR. BUCHANAN: I'm going to ask
15 my tech, please, to pull up 1888,
16 E1888, for those viewing this.

17 Q. Sir, in 2011, the CDC declared
18 an epidemic, right?

19 A. I'm not sure that's what this is
20 saying.

21 Q. Well, before you, sir, we have
22 the November 2011 CDC Vital Signs Alert,
23 correct?

24 A. Correct.

1 Q. It says: Prescription painkiller
2 overdoses in the U.S.

3 Do you see that?

4 A. Yes.

5 Q. Let's look at the first
6 sentence.

7 Could you read that into the
8 record, sir?

9 A. (Reading) Deaths from
10 prescription painkillers - with an
11 asterisk - have reach epidemic levels in
12 the past decade.

13 Q. Okay. Let's pause on that.

14 In 2011, the CDC declared a
15 prescription painkiller death overdose
16 epidemic.

17 Correct?

18 MR. STERN: Objection to the
19 form.

20 A. That's what it says.

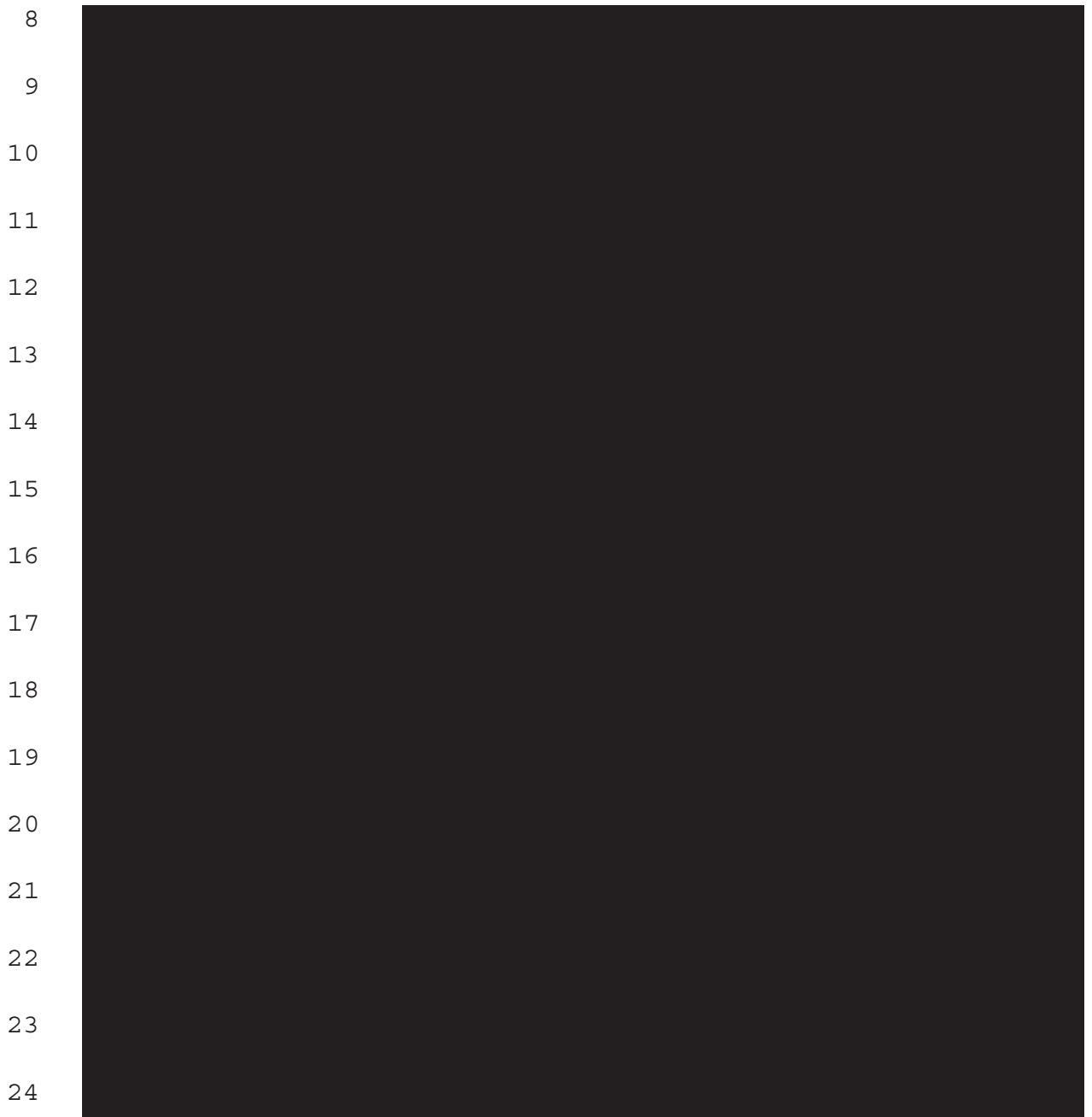
21 Q. And we see what prescription
22 painkillers are being referred to,
23 correct?

24 A. I see that.

1 Q. There's a footnote at the bottom
2 it says: Prescription painkillers refers
3 to opioid or narcotic pain relievers,
4 including drugs such as Vicodin - in
5 parentheses - hydrocodone.

6 You see that?

7 A. I see it.



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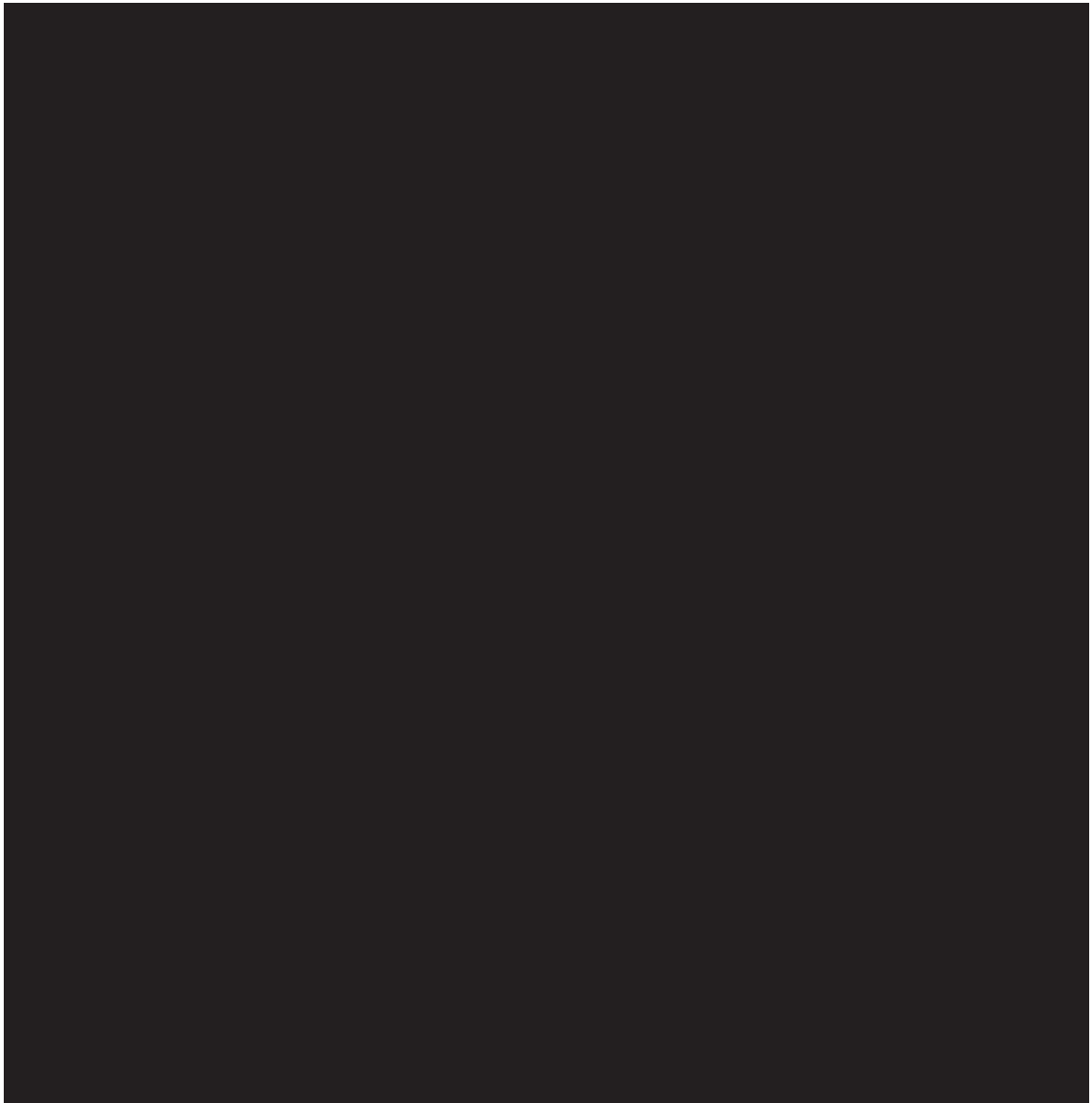
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Q. Let's go to the next page, sir.

(Reading) Overdose deaths from
prescription painkillers have skyrocketed
during the past decade.

Do you see that at the top of
the page, sir?

A. Yes, I see the words.

Q. This is the CDC, right?

A. Yes.

1 Q. Center For Disease Control end
2 of 2011, correct?

3 A. Correct.

4 Q. Did you have that awareness,
5 sir?

6 MR. STERN: Objection to the
7 form.

8 BY MR. BUCHANAN:

9 Q. As of the end of 2011 or prior
10 to 2015, sir?

11 A. No, I did not have that
12 awareness.

13 Q. It states again: Problem.
14 You see that on the left in
15 white.

16 (Reading) Prescription
17 painkiller overdoses are a public health
18 epidemic.

19 You see that, sir?

20 A. I see that.

21 Q. (Reading) Prescription
22 painkiller overdoses killed nearly 15,000
23 people in the U.S. in 2008. This is more
24 than three times the 4,000 people killed

1 by these drugs in 1999.

2 You see that?

3 A. I see it.

4 Q. It's getting bad.

5 MR. STERN: Object to the form.

6 BY MR. BUCHANAN:

7 Q. Right?

8 A. What's getting bad?

9 Q. This problem.

10 Prescription painkiller
11 overdoses are a public health epidemic.

12 Is that not bad?

13 A. That's bad.

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Q. Well, let's read the next

3

bullet. I'm sorry, the second bullet

4

after that: Many states report problems

5

with pill mills.

6

Do you see that?

7

A. Yes.

8

Q. What's a pill mill, sir?

9

A. These are pain clinics that are

10

misusing opioids or other controlled

11

substances.

12

Q. Pain clinics, there's a doctor

13

there, right?

14

A. It's my understanding.

15

Q. There's often a long line of

16

people in there, right?

17

MR. STERN: Objection to the

18

form; lack of foundation.

19

A. I don't know that answer.

20

Q. Do you have any foundation on

21

that? I mean, you're not aware of what

22

pill mills look like?

23

A. I'm aware --

24

MR. STERN: Object to the form.

1 A. I'm aware of what a pill mill
2 is.

3 I'm not aware of long lines
4 coming out of pill mills.

5 Q. Doctors having their assistants
6 fill out prescriptions for patients
7 without actually conducting even a visit,
8 right?

9 MR. STERN: Object to the form.

10 BY MR. BUCHANAN:

11 Q. Or an examination?

12 MR. STERN: Objection to the
13 form.

14 A. That appears to be a legal, that
15 I -- something I don't know much about.

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16 A. Could you point me to where
17 you're looking?

18 Q. Yeah. It's on the right-hand
19 side of the chart on the screen. That's
20 the easiest way for me to orient you.

21 A. Okay. Thank you.

22 Q. No worries.

23 A. I see that back in 2011, yes.

24 Q. (Reading) Many states report

1 problems with pill mills where doctors
2 prescribe large quantities of painkillers
3 to people who don't need them medically.
4 Some people also obtain prescriptions from
5 multiple prescribers by doctor shopping.

6 Do you see that, sir?

7 A. I see it.

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MR. BUCHANAN: Okay. Can we go,
please, to point 3.

9

Let's -- can we blow up that
chart on the top right?

10

11

Q. And there's probably an easier
to read blowup on your screen, sir.

12

13

We're at 1888.3. Again still in
Exhibit 1. Rates of prescription
painkiller sales, death and substance
abuse treatment admissions 1990 to 2010.

14

15

16

17

Do you see that, sir?

18

A. Yes.

19

Q. It plots three things, right?

20

A. Yes.

21

Q. Sales.

22

Do you see that?

23

A. Yes.

24

Q. Deaths?

1 A. Yes.

2 Q. And treatment, right?

3 A. Yes.

4 Q. Sales going up over the years.

5 See that?

6 A. Yes.

7 Q. Deaths going up over the years.

8 See that?

9 A. Yes.

10 Q. Treatment admissions going up
11 over the years?

12 A. I see it.

13 Q. Not good.

14 MR. STERN: Objection to the
15 form.

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16 Q. What is the CDC, sir?

17 A. Center For Disease Control.

18 Q. The CDC declared a prescription
19 drug epidemic.

20 MR. STERN: Objection to the
21 form.

22 BY MR. BUCHANAN:

23 Q. In 2011.

24 MR. STERN: Objection to the

1 form.

2 BY MR. BUCHANAN:

3 Q. Right?

4 A. That's what it says.

5 Q. You at Par in 2011 were the CEO
6 of a drug company, right?

7 A. No.

8 Q. In 2012, sir?

9 A. Yes.

10 Q. A month after this came out?

11 A. Yes.

12 Q. Endo was in the opioid business,
13 in a big way, in 2011, right?

14 MR. STERN: Objection to the
15 form.

16 A. Endo sold several products that
17 contained opioids.

18 Q. Endo's Qualitest subsidiary that
19 it bought in 2010 was in opioids in a big
20 way?

21 MR. STERN: Object to the form.

22 A. Qualitest manufactured and sold
23 a number of -- of opioid-based products.

24 Q. Would you agree, sir, that

1 there's a direct correlation -- there's a
2 direct correlation on this chart between
3 increasing sales, increasing deaths and
4 increasing treatments?

5 MR. STERN: Objection to the
6 form; lack of foundation.

7 A. That's what it says.

8 Q. Do you agree?

9 MR. STERN: Objection to the
10 form.

11 BY MR. BUCHANAN:

12 Q. As the CEO of a pharmaceutical
13 company in this space?

14 MR. STERN: Objection to the
15 form; lack of foundation.

16 A. Can you just repeat the question
17 one more time for me, sir?

18 Q. Do you agree, sir, that there's
19 a direct correlation on this chart between
20 increasing sales, increasing deaths and
21 increasing treatments?

22 MR. STERN: He answered that
23 question. You asked a different
24 question.

1 A. Clearly you can see all three
2 lines are increasing over -- over time.

3 Q. You agree there's a correlation
4 between them?

5 MR. STERN: Objection; form;
6 lack of foundation.

7 A. I certainly would like to have
8 more information tied back to this
9 document I've never seen before, but I can
10 see over time how as sales are increasing,
11 deaths are increasing and treatment is
12 also increasing.

13 Q. So, it would seem to reason,
14 sir, that --

15 MR. BUCHANAN: Withdrawn.

16 Q. If I could, sir, I'd like to
17 take you to Exhibit 3.

18 (Campanelli Exhibit 3, document,
19 was marked for identification, as of
20 this date.)

21 BY MR. BUCHANAN:

22 Q. Should be the third tab in your
23 binder. Let's just make sure you and your
24 counsel are in synch.

1 You appear to be.

2 MR. BUCHANAN: Corey, Exhibit 3
3 is E715.

4 BY MR. BUCHANAN:

5 Q. Exhibit 715, sir, is a document
6 from 2011 concerning Endo's REMs. And I'd
7 like to take you to, specifically --
8 you're welcome to peruse the pages, if
9 you'd like. I'm going to take you to
10 dot-15. And this is an Endo internal
11 document.

12 You see the Bates numbers in the
13 bottom right corner, sir?

14 A. Yes.

15 Q. It indicates that we received
16 these files from -- from the company.

17 And this is a slide prepared by
18 the company.

19 A. Do you want me to go to the
20 slide?

21 Q. Yeah, if you could. It's
22 715.15.

23 MR. STERN: When Mr. Buchanan
24 says dot-15, look at the top right.

1 MR. BUCHANAN: And I guess it's
2 going to be hard. You have to turn
3 landscape. So give yourself enough
4 room to turn the binder.

5 THE WITNESS: Okay. I'm sorry.

6 MR. BUCHANAN: No worries.

7 THE WITNESS: Okay.

8 BY MR. BUCHANAN:

9 Q. Before you, sir, is Exhibit 3.
10 We're on page dot-15.

11 You see there's a slide within a
12 slide, so to speak, right?

13 A. I see it, yes.

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Q. Okay. You've seen the 2016 CDC
guidelines?

9

10 A. Where am I --

11

Q. Have you seen the 2016 CDC
guidelines, sir?

12

13 A. No, I have not.

14

Q. Could you go, please, to
Exhibit 2.

15

16 (Campanelli Exhibit 2, document,
17 was marked for identification, as of
18 this date.)

18

19 MR. BUCHANAN: Corey, could you
20 pull up E729?

20

21 BY MR. BUCHANAN:

22

Q. Sir, let's go to the first page,
23 dot-1. CDC guideline for prescribing
24 opioids for chronic pain. United States

1 2016.

2 Do you see that?

3 A. I do.

4 MR. BUCHANAN: Let's go to
5 dot-4, Corey.

6 Actually, let's just pull up
7 slide 44, Corey. And we'll just mark
8 this.

9 You can look at the full
10 document, sir. At any point when I
11 show you a slide today that's based on
12 an exhibit, feel free to look at the
13 full.

14 THE WITNESS: Okay.

15 MR. STERN: I'm sorry,
16 Mr. Buchanan. I don't have a 44.

17 MR. BUCHANAN: It's being passed
18 over to you.

19 MR. STERN: Thank you.

20 MR. BUCHANAN: I wasn't sure we
21 were going to need to use it.

22 What exhibit number?

23 This is Exhibit 205, a
24 demonstrative aid, sir.

1 (Campanelli Exhibit 205,
2 document, was marked for
3 identification, as of this date.)

4 BY MR. BUCHANAN:

5 Q. You are free, of course, to look
6 at the page, which is dot-4, or you're
7 free to look at the demonstrative that's
8 on the screen.

9 MR. STERN: Just to be clear,
10 Mr. Buchanan, for the record, what's
11 Exhibit 205, the demonstrative is not
12 the same thing as dot-4. You just
13 said he can look at the screen or he
14 can look at --

15 MR. BUCHANAN: It is. It is.

16 MR. STERN: What? I may be on
17 the wrong 44.

18 MR. BUCHANAN: I'm sorry.
19 You know what, let's clarify.

20 MR. STERN: Should we hold on to
21 these?

22 (Pause.)

23 MR. BUCHANAN: I'm not clear on
24 the confusion, sir.

1 MR. STERN: Your representation
2 made it seem as though, and maybe I
3 misunderstood you, that dot-4 of
4 Exhibit 2 was the same document as
5 205.

6 So here's dot-4 and here's 205
7 (indicating).

8 MR. BUCHANAN: Let me see.

9 MR. STERN: These may be
10 excerpts.

11 MR. BUCHANAN: No. To be clear,
12 in the top right corner it says E729
13 of the --

14 MR. STERN: Right.

15 MR. BUCHANAN: Okay. E729, sir,
16 is the source of the quotes that are
17 on the slide.

18 MR. STERN: The source. I'm
19 sorry.

20 I just want the record to be
21 clear that what is portrayed on 205 is
22 the not same thing as the text of
23 dot-4.

24 MR. BUCHANAN: That's fine. I

1 accept that, sir. The text is as
2 reflected --

3 MR. STERN: In here.

4 MR. BUCHANAN: Yes.

5 For simplicity for the witness
6 on a dense page, we prepared these.

7 BY MR. BUCHANAN:

8 Q. Sir, you are free to refer to
9 E729.4, which is the hard copy of the
10 document.

11 MR. STERN: May I have a moment,
12 Mr. Buchanan, just to explain to Mr.
13 Campanelli.

14 So, this dot-4 refers to that
15 dot-4.

16 THE WITNESS: Got it.

17 MR. STERN: And these are
18 purported to be excerpts of this page.
19 This is the preceding page, the dot-3.

20 THE WITNESS: Okay.

21 BY MR. BUCHANAN:

22 Q. With that confusion hopefully
23 clarified either some by me or others, I'm
24 not sure, but I am ready to go if you are,

1 sir.

2 Are you familiar that the CDC
3 issued guidelines concerning the
4 prescription of opioids for chronic pain
5 in 2016?

6 A. Not specifically.

7 Q. Okay. In their prescribing
8 guidelines, sir, they describe the
9 epidemic.

10 You see that on page dot-4 of
11 Exhibit 2?

12 A. This sheet, sir (indicating)?
13 Where am I looking? Am I
14 looking at this sheet?

15 Q. You can look at either.

16 A. I see these words. I assume
17 that they're in the same.

18 Q. (Reading) From 1999 to 2014,
19 more than 165,000 people -- persons died
20 from overdose related to opioid pain
21 medications in the United States.

22 Do you see that, sir?

23 A. I see that.

24 Q. That's alarming, right?

1 A. Yes.

2 Q. That is not good.

3 MR. STERN: Objection to the
4 form.

5 BY MR. BUCHANAN:

6 Q. Fair?

7 A. Fair. Very bad.

8 Q. We saw, sir, a moment ago the
9 direct correlation between sales and
10 deaths.

11 Do you recall that?

12 A. I saw the sales going up and I
13 saw the increase in deaths, yes.

14

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1 Q. Okay. So then would it be fair
2 to say, sir, that you recognized that your
3 sale of opioid products was leading to
4 over -- overdose deaths?

5 MR. STERN: Objection to the
6 form; lack of foundation.

7 A. We were aware in 2016 when the
8 product was abused or misused it would
9 lead or could lead to deaths.

10 Q. Okay. We'll talk about that in
11 greater detail a little later.

12 A. Okay.

13 Q. (Reading) In the past decade -
14 according to the CDC - while the death
15 rates for the top leading causes of death,
16 such as heart disease and cancer, have
17 decreased substantially, the death rate
18 associated with opioid pain medications
19 has increased markedly. Sales of opioid
20 pain medication have increased in parallel
21 with opioid-related overdose deaths.

22 Do you see that, sir?

23 A. I see that.

24 Q. That's the point we were talking

1 about?

2 MR. STERN: Mr. Buchanan, I
3 apologize. Can you, as you're doing
4 this, it's totally fine, I understand
5 what you're doing. Can you at least
6 give us -- tell us where these
7 excerpts are appearing on the page?

8 MR. BUCHANAN: I'm happy to have
9 somebody try and highlight this as we
10 proceed. I'd rather continue with my
11 examination in the form that I'm
12 doing.

13 MR. STERN: Okay. Well, then
14 hold on just one moment so I can
15 orient myself.

16 (Pause.)

17 MR. STERN: Thank you.

18 BY MR. BUCHANAN:

19 Q. And just before counsel's
20 question or interruption, I want to get
21 back to my question.

22 That was: In the past decade,
23 while the death rates for the top leading
24 causes of death, such as heart decease and

1 cancer, have decreased substantially, the
2 death rate associated with opioid pain
3 medication has increased markedly. Sales
4 of opioid pain medication have increased
5 in parallel with opioid-related overdose
6 deaths.

7 Did I read that correctly, sir?

8 A. Yes.

9 Q. Okay. That's that point we were
10 talking about a moment ago, sir, that
11 direct correlation between increasing
12 sales and increasing prescription overdose
13 opioid deaths, correct?

14 A. I see the parallel.

15 Q. (Reading) In 2013 - the CDC
16 continues - on the basis of DSM-IV
17 diagnosis criteria, an estimated 1.9
18 million persons abused or were dependent
19 on prescription opioid pain medications.

20 Do you see that, sir?

21 A. I do.

22 Q. That's not good.

23 MR. STERN: Object to the form.

24

1 BY MR. BUCHANAN:

2 Q. Do you agree?

3 A. Is that a question?

4 Q. It is.

5 A. I'm sorry. Could you ask it
6 again?

7 Q. Do you agree, sir, that that's
8 not good?

9 MR. STERN: Object to the form.

10 A. 1.9 million persons abuse is not
11 good.

12 Q. Does it surprise you, sir, that
13 that abuse and dependence is having real
14 consequences on communities in this
15 country?

16 MR. STERN: Object to the form.

17 A. I'm aware of the impact in the
18 communities.

19 Q. You're aware of the billions and
20 billions of dollars of financial impact,
21 human toll, loss of life, disruption to
22 family --

23 MR. STERN: Objection.

24 Q. -- that is being suffered in the

1 communities in this country.

2 True?

3 MR. STERN: Objection to form;
4 lack of foundation.

5 A. I'm certainly -- I'm not aware
6 of the dollar amount you just indicated,
7 but clearly I am aware and sympathetic to
8 the families in the communities all around
9 the United States.

10 Q. That awareness, sir, you
11 reached, it took four years, four years
12 for you, sir, as a pharmaceutical
13 executive, CEO of a company, to even
14 become aware of the existence of a
15 problem?

16 MR. STERN: Objection to the
17 form and mischaracterizing --

18 BY MR. BUCHANAN:

19 Q. Following the CDC announcement
20 in 2011?

21 MR. STERN: Objection to the
22 form and mischaracterizing the
23 witness's testimony.

24 A. As I said before, in 2015, the

1 2015 time frame, it started to resonate
2 with me.

3 Q. Would it surprise you, sir, if
4 this had resonated with people, with
5 families, with government agencies, with
6 the CDC in a massive human toll all around
7 you for years and years before 2015?

8 MR. STERN: Objection to the
9 form; lack of foundation.

10 A. Can you -- can you rephrase that
11 for me so I understand it better?

12 Q. I'm saying, sir, would it
13 surprise you, there's 165,000 overdose
14 deaths secondary to prescription pain
15 medication between 1999 and 2014 and
16 you're saying, sir, that did not resonate
17 with you until 2015?

18 MR. STERN: Objection to the
19 form.

20 A. I was aware of an issue in terms
21 of the use of it being an epidemic abuse
22 issue, that did not resonate with me until
23 2015. In my role, again, I was aware of
24 orders that would come in to our office

1 and we would process in normal course
2 based upon wholesaler use. That's what we
3 were doing.

4 Q. By definition, sir, as the
5 company selling controlled substances, you
6 know those substances, people want to get
7 them out of that controlled system, right?

8 MR. STERN: Object to the form.

9 A. We have systems and procedures
10 to protect against that.

11 Q. They are products that are
12 targets for abuse and diversion, right?

13 MR. STERN: Object to the form;
14 lack of foundation.

15 A. They could be. And that's why
16 we have systems and procedures and safes
17 and security cameras to help curb that.

18 Q. 165,000 people in 15 years died
19 from these pain medications in the United
20 States.

21 You see that?

22 MR. STERN: Object to the form.

23 A. I see it.

24 Q. The estimate was in 2011 some

1 400,000 treatment admissions every year
2 for opioid-related treatment secondary to
3 addiction or dependence.

4 You recall that?

5 A. No. I'm not following the
6 question, sir.

7 Q. Do you recall in the 2011 sheet,
8 sir, 400,000 or so admissions for
9 treatment?

10 A. Okay. I recall that.

11 Q. Does it surprise you, sir, that
12 there is a vast human toll that goes back
13 not just to 2015, 10, 15, 17, 18 years
14 since you were marketing and promoting
15 these drugs?

16 MR. STERN: Objection to the
17 form.

18 A. As I sit here today, I clearly
19 understand it. It's a terrible situation.
20 We also have a duty and a responsibility
21 that there's millions of people that need
22 these drugs as well.

23 It's a terrible situation on the
24 deaths. I admit to that. And for that a

1 lot of people feel terrible, including
2 myself.

3 Q. How many hundreds of people did
4 Par have working at in 2012, 2013, 2014?

5 A. I'm sorry?

6 Q. How many hundreds of people did
7 Par have working at it in 2012, '13, '14?

8 A. Probably about a thousand.

9 Q. Not one of a thousand people,
10 sir, in that entity brought the epidemic
11 to your desk and said "I've got real
12 concerns about what we're doing here"?

13 A. As I sit here today, I don't
14 recall. I'm not saying it didn't happen,
15 but I don't -- I don't recall that
16 happening.

17 MR. BUCHANAN: I suggest we take
18 a short break.

19 MR. STERN: Sure.

20 THE VIDEOGRAPHER: Remove your
21 microphones, please.

22 The time is 10:38 a.m.

23 Off the record.

24 (Recess taken.)

1 THE VIDEOGRAPHER: We are back
2 on record.

3 The time is 10:53 a.m.

4 BY MR. BUCHANAN:

5 Q. Sir, I'd like to circle back to
6 where we were finishing. We were talking
7 about kind of where we were, so to speak,
8 in the last several years with regard to
9 this epidemic.

10 I want to kind of see where your
11 products kind of fit into the mix, if
12 that's okay.

13 Do you still have Exhibit 202?
14 You remember that pill chart we were
15 looking at?

16 MR. BUCHANAN: Can you pull up
17 202, Corey? Slide 20.

18 BY MR. BUCHANAN:

19 Q. And these are the various
20 products that Endo has marketed and sold
21 over the years, correct, sir?

22 A. I -- I know that it's marketed
23 Opana. I'm not sure if it marketed or
24 pro -- I know it marketed and promoted

1 Opana and Percocet. That I do know.

2 Q. Okay. Two big brands for the
3 company?

4 A. Two brands, yes.

5 Q. Okay. Let's -- let's kind of
6 talk about what that means in terms of
7 sales.

8 MR. BUCHANAN: I'm sorry. Can
9 we go off the record for a moment?

10 THE VIDEOGRAPHER: The time is
11 10:55 a.m.

12 Going off the record.

13 (Recess taken.)

14 (Campanelli Exhibit 206,
15 document, was marked for
16 identification, as of this date.)

17 THE VIDEOGRAPHER: We are back
18 on the record.

19 The time is 11:03 a.m.

20 BY MR. BUCHANAN:

21 Q. Sir, passing you what we've
22 marked as Exhibit 206. This is a chart of
23 Endo's various products over the years and
24 sales volume in pills, or extended units.

1 I'll represent to you, sir, that it's
2 generated from data that's been identified
3 to us by defense counsel, Endo's counsel,
4 in this litigation.

5 We can see --

6 MR. BUCHANAN: If you go to the
7 far left column, please, Corey.

8 Q. We can see, if you will, various
9 products listings on the left and we can
10 see sales volume in extended units.
11 That's pills, or conversions for other
12 types of formulations, over the various
13 years. And we see going back to 1999 Endo
14 was making Endocet.

15 You see that, sir?

16 A. Yes.

17 Q. I think you told us, and we saw
18 in the prior exhibit, that Endocet was a
19 generic form of Percocet, right?

20 A. Correct.

21 Q. So, in 1999, Endo made some 160
22 million Endocet tablets, according to
23 shipment data and reflected on this chart,
24 correct, sir?

1 A. Yes.

2 Q. We see Percocet, some hundred
3 million or so tablets, 102, 101.

4 You see that?

5 A. Yes, I see it.

6 Q. Okay.

7 MR. BUCHANAN: And we can scroll
8 it all the way to the right, maybe,
9 Corey. If you can split the screen so
10 we can kind of see where we were with
11 the product listing on the left and
12 the total pills that were sold on the
13 right.

14 There's a totals column, Corey.
15 Can you just give us the totals?

16 There we go. Great.

17 Can you get them to the same
18 scale, roughly, so we can line them
19 up? And really all I need is the
20 totals column, Corey.

21 Thank you.

22 There we go. And if you can
23 mush them together so we can kind of
24 see the products and see the totals.

1 And they're a little off, I guess.

2 There we go.

3 BY MR. BUCHANAN:

4 Q. So, you can see, sir, Endocet
5 total sales of this Percocet generic
6 formulation over the years roughly 4.2
7 billion pills.

8 You see that, sir?

9 MR. STERN: Objection to the
10 form.

11 A. No. No, I don't see that.

12 Q. If you go to the far right
13 column total pills sold over the course of
14 the period of time?

15 A. You -- your question flipped on
16 me, just so you know.

17 Q. Fair enough. Sorry about that.

18 Do you understand my question
19 now to be referring to total sales of
20 Endocet between the period of time they
21 started selling it until they stopped
22 would be about 4.2 billion Endocets?

23 A. I think you need to clarify your
24 question, sir.

1 Q. And, what's confusing about it,
2 or what's tripping us up?

3 A. Are you saying sales or units,
4 sir?

5 Q. I'm sorry. Sales of those
6 units.

7 These are, in fact, the units
8 that have been represented as sold to us.

9 A. Okay.

10 MR. STERN: Not dollars, is the
11 point.

12 MR. BUCHANAN: Fair.

13 MR. STERN: Right.

14 MR. BUCHANAN: Fair.

15 BY MR. BUCHANAN:

16 Q. And I'm -- you sold this volume
17 of pills, sir?

18 A. This sheet indicates that we've
19 sold these unit -- extended units of these
20 pills.

21 Q. Fair enough. Thank you.

22 Yeah, I did not mean to suggest
23 that these are dollars. There's a legend
24 at the top that I think reflects extended

1 units. That's what we're talking about
2 with these numbers.

3 A. Okay.

4 Q. Okay. And we're looking at just
5 the Endo numbers in this chart, I'll
6 represent to you, sir. Okay.

7 MR. STERN: Objection to the
8 form.

9 BY MR. BUCHANAN:

10 Q. So, we see roughly 4.2 billion
11 Endocet units, that's pills, over the time
12 that Endo provided us data from '99 to
13 present, right?

14 A. 4.2 billion extended units.

15 Q. For Percocet we see, as the
16 brand, Endo's brand, we see some 1.6
17 billion extended units, correct?

18 A. Correct.

19 Q. All right. So, those two
20 oxycodone acetaminophen combinations
21 represent almost, what, 6 billion pills
22 sold by Endo for that controlled
23 substance.

24 Is that right?

1 A. About 5.6, 5.7 billion units,
2 yes.

3 Q. Yeah, 5.8 even?

4 A. Okay.

5 Q. There's another line in there
6 oxycodone APAP, I guess they sold a
7 different formulation of Percocet there,
8 right? Or another -- another formulation?

9 A. It's a formulation of oxycodone,
10 yes.

11 Q. Okay. And there's some
12 additional sales off to the right.
13 Doesn't look like too much, I guess,
14 right? Just a million pills, or 845,000?

15 MR. STERN: Objection to the
16 form.

17 A. 845,000 extended units.

18 Q. Okay. And, so, we also see that
19 branded product that you all sold
20 Opana ER --

21 MR. STERN: Objection.

22 Q. -- close to 500 million units
23 sold in that product, right?

24 MR. STERN: Objection to the

1 form.

2 A. Almost 500 million unit --
3 extended units of Opana ER.

4 Q. Okay. And then Morphine, we
5 talked about that on the -- the product
6 chart earlier today, some 1.1 billion
7 units of Morphine, right?

8 A. 1.1 billion extended units, yes.

9 Q. Okay. So, look, we don't have
10 to go through each of these line items to
11 get them into the record, but it's some
12 8.2 billion extended units over the period
13 of time that we received data from Endo
14 for, correct?

15 A. Yes, that's what it says.

16 MR. BUCHANAN: Okay. Could I
17 have the chart, please, for Qualitest?

18 BY MR. BUCHANAN:

19 Q. We looked at that kind of
20 corporate history chart earlier today,
21 sir, and saw that in 2010, Endo acquired
22 either Qualitest, or the assets of
23 Qualitest.

24 Do you recall that?

1 A. Yes.

2 Q. Okay. That was roughly 2010, I
3 believe, when that happened.

4 (Campanelli Exhibit 208,
5 document, was marked for
6 identification, as of this date.)

7 BY MR. BUCHANAN:

8 Q. I'm going to pass you Exhibit
9 208.

10 A. Are we done with this document?

11 Q. For the moment, yes. You can
12 keep them close, but we don't know when
13 we'll need to refer to them.

14 A similar chart, sir, in Exhibit
15 208 to what we looked at for Endo just a
16 moment ago.

17 As we talked about, Qualitest
18 was in the business of making opioid
19 products, right?

20 MR. STERN: Objection; lack of
21 foundation.

22 A. Qualitest manufactured opioids,
23 yes.

24 Q. Okay. Manufactured a lot of

1 them, right?

2 A. It shows 24 billion unit --
3 extended units.

4 Q. Let's pause on that.
5 24 billion?

6 A. Yes.

7 Q. So, if we look at this chart,
8 sir, we see, boy, making a lot of Vicodin,
9 right?

10 MR. STERN: Object to the form.

11 A. Could you show me what product
12 you're referring to?

13 Q. I'm referring to hydrocodone
14 APAP.

15 Do you see that?

16 A. Yes.

17 Q. 18 billion pills.

18 You see that, sir?

19 A. I see it.

20 Q. That's a lot of Vicodin.

21 MR. STERN: Object to the form.

22 A. It's -- it's -- it's significant
23 volume.

24 Q. Market leader in Vicodin?

1 MR. STERN: Object to the form.

2 A. That, I don't know.

3 Q. Okay. Let's look down to -- and
4 there's other hydrocodone products there,
5 sir, and the jury will obviously have this
6 evidence. But I -- I would like to call a
7 few things out.

8 If we could, go down to it looks
9 like Qualitest was also making Endocet,
10 correct?

11 A. Correct.

12 Q. Do you recall, sir, that after
13 Par -- excuse me. Qualitest was acquired
14 by Endo, the generic operations of Endo
15 kind of moved into Qualitest operations?

16 MR. STERN: Object to the form.

17 A. I'm sorry. Could you say that
18 one more time?

19 Q. Yeah.

20 Do you recall, sir, that after
21 Endo acquired Qualitest in 2010, some of
22 the generic portfolio of Endo moved into
23 the operating business of Qualitest? Do
24 you recall that?

1 A. I -- I don't know if that
2 happened in 2010.

3 Q. Okay.

4 MR. BUCHANAN: Can we scroll,
5 Corey, to just see the years from 2010
6 to -- no, actually, if you could kind
7 of just pull the right one over so we
8 could see 2010.

9 Q. So, okay. These are the -- this
10 is product mix. We see Endocets start to
11 be made by Qualitest in 2011.

12 You see that?

13 A. I see that.

14 Q. Okay. Hundred million pills
15 that year, 358 million the next year, 170
16 million the year after that, and it
17 continues.

18 MR. BUCHANAN: Could you go to
19 the right, Corey?

20 Q. For a total of some 880 million
21 Endocets, right?

22 A. I see that, yes.

23 Q. And we've also got Qualitest
24 making Percocet, right?

1 A. Yes.

2 Q. 87 million Percocets made?

3 A. Yes. Qualitest is manufacturing
4 on behalf of Endo at this time.

5 Q. Okay. So, yeah, after -- after
6 the time of the merger, some of the pills
7 that used to be made or contracted for by
8 Endo are now being made or contracted for
9 by Qualitest, right?

10 A. Yes.

11 I'm sorry. You said 2010. I
12 just think it's more like 2011, but yes.

13 Q. And that's just a matter of when
14 the operations get formally integrated,
15 right?

16 A. Seems reasonable.

17 Q. Okay. And, so, let's total this
18 up. So -- actually, before we do that,
19 there's also this other line item for
20 oxycodone APAP.

21 Do you see that?

22 A. Yes.

23 Q. Oxycodone APAP, that would be
24 another way of referring to Percocet,

1 right?

2 A. Yes.

3 Q. Okay. You got Percocet in,
4 essentially, three different buckets at
5 least, right?

6 A. There's a generic form in here.

7 Q. And that would be the oxycodone
8 APAP?

9 A. Correct.

10 Q. Okay. And, so, what we see
11 here, sir, is Qualitest, prior to the time
12 of its acquisition and after the time of
13 its acquisition, pushing out a lot of
14 opioid pills, right?

15 MR. STERN: Object to the form.

16 A. I see the volume here on the
17 paper.

18 Q. 25 billion, right?

19 A. 25 billion extended units, yes.

20 Q. And we can agree that's a lot,
21 right?

22 A. It's a high volume of -- of
23 opioids, or controlled substances.

24 Q. I mean, that's -- that's enough

1 for a hundred count bottle for every adult
2 in the United States, right?

3 A. This is over a 15-year period.

4 Q. The answer to my question
5 though, sir, would be yes, that is enough
6 for a hundred count bottle hydrocodone,
7 oxycodone, oxymorphone, collection of
8 opioid pills manufactured by Qualitest for
9 every adult in the United States, correct?

10 MR. STERN: Objection to the
11 form.

12 A. I don't -- I don't know the
13 answer to that.

14 Q. The answer is you just don't
15 know the population of adults in the
16 United States?

17 A. That's correct.

18 Q. Okay. Does it surprise you that
19 Qualitest made that many opioids?

20 MR. STERN: Object to the form.

21 BY MR. BUCHANAN:

22 Q. I just want to -- are you -- are
23 you learning this sitting here today, or
24 did you have that awareness before you

1 came in today?

2 A. I did not have the specific
3 volume, but it's not surprising that
4 Qualitest had historically been known as
5 an opioid producer. So that -- that --
6 that's -- that's factual. That's known in
7 the industry.

8 Q. Let's look at the bottom, if we
9 could, sir.

10 MR. STERN: I'm sorry, the
11 bottom -- are we still on?

12 MR. BUCHANAN: We're still on
13 this exhibit.

14 MR. STERN: 208.

15 MR. BUCHANAN: Thank you.

16 Exhibit 208.

17 BY MR. BUCHANAN:

18 Q. The screen may or may not be
19 easier. I think probably your -- you can
20 probably read it just fine if you look on
21 the exhibit itself.

22 But, we see, I mean, Qualitest
23 volume of opioids grew quite dramatically.

24 MR. STERN: Objection to the

1 form.

2 BY MR. BUCHANAN:

3 Q. True?

4 A. The generic versions of what
5 they were producing increased.

6 Q. And, so, we look at the counts
7 and we go back to 2001. In fairness, sir,
8 I don't know if that's a full 2001 year's
9 worth of data. This is everything that we
10 were given.

11 2001 reports 162, 162 million
12 pills. I'd suggest probably the better
13 reference point would be 2002.

14 Would you agree with me?

15 A. I would agree with that.

16 Q. Okay. Probably didn't multiply
17 it by five time in one year, right?

18 A. Unlikely.

19 Q. So, in 2002, we see Qualitest
20 made some 721 million opioid pills, right,
21 or other extended units?

22 A. Yes, I see that.

23 Q. 2003 it's grown 846 million,
24 right?

1 A. Yes.

2 Q. Growing in 2004 984 million,
3 right?

4 A. Yes.

5 Q. Growing in 2005 1.2 billion
6 pills, right?

7 A. Yes.

8 Q. Had a little dip in 2006 it
9 looks like, right?

10 A. Agreed.

11 Q. 997 million. A little flat
12 there in 2007 at 1.03 billion.

13 You see that?

14 A. I see it.

15 Q. A billion in 2008. And then
16 2009 growing again.

17 Right?

18 A. I see it.

19 Q. Okay. 1.3 billion pills in
20 2009?

21 A. Correct.

22 Q. One year, right?

23 A. Yes.

24 Q. 1.6 billion in 2010.

1 True?

2 A. Yes.

3 Q. 2.4 billion in 2011, right?

4 A. Yes.

5 Q. 2011 is the year we saw that CDC
6 report about there being an epidemic,
7 right?

8 A. Yes.

9 Q. 3.3 billion, still rising, in
10 2012, right?

11 A. Yes.

12 Q. 2013 we're up to 2.9 billion,
13 correct?

14 A. Correct.

15 Q. And then 3.7 billion in 2014,
16 right?

17 A. Yes.

18 Q. And then in 2015 it's down to
19 2.5 billion, I see, right?

20 A. Right.

21 MR. STERN: Mr. Buchanan, if I
22 may. Ultimately this exhibit will
23 speak for itself.

24 I'd just like to note that we're

1 not being entirely precise with these
2 numbers.

3 MR. BUCHANAN: I appreciate
4 that.

5 BY MR. BUCHANAN:

6 Q. And you can agree, sir, you and
7 I have both been doing a little rounding
8 in our dialogue.

9 Fair?

10 A. Agreed.

11 MR. BUCHANAN: The numbers are
12 on the sheet, and I don't think either
13 side is going to fuss with whatever
14 the data shows is the data.

15 Correct, counsel?

16 MR. STERN: Yes.

17 MR. BUCHANAN: And I'd be to
18 happy to get a stipulation from
19 counsel and put the precise numbers on
20 so we don't have any fuss about that,
21 but that's not an issue for today.

22 BY MR. BUCHANAN:

23 Q. All right. Sir, let's look at
24 the next one.

1 All right. I should indicate in
2 2015, is that the year when Par and
3 Endo/Qualitest came together?

4 A. Yes.

5 Q. And there was some realignment
6 of products among the various portfolio
7 companies beginning in 2015?

8 A. The portfolio were evaluated and
9 we started to synergize products.

10 Q. Okay. And would it be fair to
11 say, sir, that some of the loss in volume
12 between 2014 and 2015 is accounted for by
13 the reallocation of products between Endo,
14 Qualitest and Par as part of that merger
15 process?

16 MR. STERN: Objection; lack of
17 foundation.

18 A. Could you say that one more time
19 for me, sir?

20 Q. Sure.

21 Would it be fair to say, sir,
22 that some of the loss in volume between
23 2014 and 2015 as reflected on the sales
24 for Qualitest, in terms of extended units,

1 is accounted for by the reallocation of
2 products between Qualitest and Endo or
3 Par, or don't you know?

4 A. I don't believe there was a
5 reallocation of products between the
6 portfolios, no. There was not.

7 Q. When did that begin?

8 A. Maybe you can just help me.
9 What do you mean by reallocation?

10 Q. Certain products were deemed to
11 be Qualitest products versus Par products
12 or vice versa, or Endo or Qualitest
13 products or Par products or vice versa, as
14 part of the integration of the companies
15 that began in 2015.

16 Correct?

17 A. I just want to make sure that
18 I'm understanding your question. Is
19 that -- is that your rationale for the
20 decline in -- in volume?

21 Q. I'm just asking you whether that
22 happened.

23 A. Fair enough.

24 The portfolios were combined.

1 The Par and the -- the Par and the
2 Qualitest portfolios were combined.

3 Q. Okay. Well, let's take a look
4 now at the Par sheet. You can set that
5 one aside.

6 MR. BUCHANAN: Could I have,
7 please, Exhibit 207?

8 (Campanelli Exhibit 207,
9 document, was marked for
10 identification, as of this date.)

11 BY MR. BUCHANAN:

12 Q. I saw kind of a smile in
13 recognition when you looked at 207, sir.

14 Do you see that's what happened
15 by looking at the Par data? That, in
16 fact, some products that were not Par
17 products were now kind of on the Par side
18 of the ledger?

19 A. Agreed.

20 Q. Okay.

21 MR. BUCHANAN: Let's pull up,
22 please, E1809, Corey.

23 BY MR. BUCHANAN:

24 Q. All right. We have it on the

1 screen here. This is a spreadsheet that's
2 been generated by us in response to
3 information provided to us by your
4 company, or at least by counsel for the
5 company. And on the left-hand side, like
6 the other charts, it lists the various
7 products that had been kind of on Par's
8 ledger over the years as orders shipped or
9 manufactured by the company.

10 Do you recognize those products,
11 sir? Let's look prior to 2015. Do you
12 recognize those products for which there
13 is shipment data as products that Par was
14 selling during that period of time?

15 A. Yes.

16 Q. Okay. And, so, we see that the
17 company is selling, just for simplicity,
18 sir, we'll look at the pre-2015 period of
19 time just to get a sense of really what
20 the company was doing, okay.

21 Would that be fair?

22 A. Yes.

23 Q. Okay. So, if we look at 2014,
24 for example, this would be some two, three

1 years after the CDC had stated there's an
2 epidemic of prescription drug --
3 prescription drug overdose in this
4 country.

5 Do you see the products that Par
6 was selling that year?

7 A. Yes.

8 Q. What products was Par selling?

9 A. Chlorpheniramine, hydrocodone,
10 which is Tussionex. It sold the -- the
11 fentanyl patch. It sold -- I apologize.
12 I went out of order here. It sold the
13 fentanyl lozenge, again the fentanyl
14 patch. It sold Morphine extended-release
15 tablets. It sold an authorized generic
16 version of oxycodone and it sold oxycodone
17 in combination with acetaminophen.

18 Q. Okay. And, so, just to drill
19 down on that a little. I mean, those
20 are -- the names you just read correlate
21 with the pictures we were looking at on
22 that demonstrative earlier today, on that
23 slide?

24 A. The Par portfolio?

1 Q. Yes.

2 A. Correct.

3 Q. Okay. I just want to make sure
4 that we fairly characterize the Par
5 portfolio.

6 So, in 2014, sir, Par, for the
7 first year in its history, enters the
8 opioid market with Percocet, right?

9 A. With the oxycodone APAP generic
10 product you're referring to?

11 Q. That's what I was referring to.
12 And Corey was kind enough to highlight the
13 actual word I spoke, which is fair.

14 A. Okay.

15 Q. But I was looking at the
16 oxycodone APAP, that would be the generic
17 equivalent of Percocet, correct?

18 A. Correct.

19 Q. You all sold 270 million
20 Percocets that year?

21 A. Correct.

22 Q. One for every person in the
23 United States, or close to it?

24 A. Approximately.

1 Q. So about 400 million units that
2 year of opioid-containing products, right?

3 A. Correct.

4 Q. And as we look forward, sir, we
5 see some 7.7 billion products before and
6 after the merger with Endo attributable to
7 Par, correct?

8 A. Yes. With a decrease in the out
9 years, correct.

10 Q. I think I said products, but
11 more correctly would have said extended
12 units, pills, dosing units, et cetera.

13 Is that fair?

14 A. Thank you. Yes.

15 Q. Okay. These products that we're
16 talking about, sir, oxycodone APAP
17 hydrocodone, Morphine, these are products
18 that were called out as in the CDC's note
19 from 2011, as part of the prescription
20 drug epidemic.

21 Fair?

22 A. That's what the documents refer
23 to, yes.

24 Q. Okay. What I'd like to do, sir,

1 is just kind of, so we can visualize this
2 a little bit.

3 (Pause.)

4 We're going to have one for you
5 as well.

6 MR. BUCHANAN: This is going to
7 be Exhibit 210.

8 (Campanelli Exhibit 210,
9 document, was marked for
10 identification, as of this date.)

11 BY MR. BUCHANAN:

12 Q. All right. So, I'll represent
13 to you, sir, that what we've done, and you
14 can see the source is listed on the
15 bottom, is we've plotted the -- the sales
16 of pills in pills, not dollars, okay.
17 This is the pill volume shipped by the
18 three current Endo entities, Endo,
19 Qualitest and Par.

20 Do you see that?

21 MR. STERN: Objection; lack of
22 foundation.

23 A. Yes.

24 Q. Okay. We can see, sir, that

1 in -- the merger, obviously, with
2 Qualitest happens in 2010, correct?

3 A. Endo and Qualitest occurred in
4 2010, yes.

5 Q. And the merger with Par occurred
6 in 2015, correct?

7 A. Correct.

8 Q. What we've included, sir, so
9 this chart is reflective of the sales of
10 these entities for whatever you've given
11 us data for, is the sales that even
12 preceded those mergers, okay.

13 MR. STERN: Objection to the
14 form.

15 BY MR. BUCHANAN:

16 Q. Just so we're communicating,
17 okay?

18 A. These represent the extended
19 units, correct.

20 Q. Okay. So, what we see, sir,
21 over time in the left-hand column is
22 extended units. There's a legend there,
23 just so we're communicating with each
24 other, and a legend on the bottom that

1 says extended units are pills or dosage
2 units, et cetera, okay.

3 Is that the way you report
4 things in terms of shipments in your
5 business, sir?

6 A. I'm sorry?

7 Q. Do you report extended units in
8 the pharmaceutical business?

9 A. Probably units.

10 Q. Units would be bottles?

11 A. Correct.

12 Q. Have you seen the reports that
13 also calculate the extended units?

14 A. Yes.

15 Q. Okay. So it's a fair way to
16 report, if you will, the volume for a
17 product. Fair?

18 A. It's my understanding.

19 Q. Okay. So, we have here extended
20 units over the years, and we can see that,
21 you know, Endo, not -- we don't have data
22 prior to '99 and maybe not even a full
23 year for '99, but Endo at its early stage
24 is less than a billion pills, half a

1 billion it looks like while it's getting
2 started. You know, the yellow lines grow
3 and I guess kind of approach a billion in
4 maybe 700, 800 million in 2009.

5 You see that?

6 A. Yes.

7 Q. And then after 2010 there's some
8 reallocation of products between Endo and
9 Qualitest in terms of their relative,
10 which company's responsible for that.

11 Do you understand that, sir?

12 A. In 2010 it appears that
13 there's -- Qualitest is producing generic
14 versions of Endo's products and that's
15 why, I assume, it's increasing from
16 Qualitest.

17 Q. You see that Endo's attribution
18 declines over time while Qualitest's go
19 up, right?

20 A. Correct.

21 Q. And, is that something like what
22 happened with Par and Qualitest in 2015, a
23 reallocation of products between the two
24 companies?

1 A. That's what appears to be
2 happening, yes.

3 Q. We see, obviously, the sales for
4 Par in 2014, 2015, and they shift fairly
5 dramatically between Par and Qualitest,
6 right?

7 A. Yes.

8 Q. Okay. So, reorienting us.

9 In 2011, we looked at that CDC
10 note talking about the epidemic
11 prescription drugs and overdoses.

12 We can see that the Endo,
13 Qualitest and Par entities are growing
14 business, right?

15 MR. STERN: Mr. Buchanan, just
16 for the record, object to this
17 demonstrative to the extent it makes
18 it appear as though certain entities
19 were unified at times when they were
20 not. The earlier testimony elaborated
21 the corporate history and we'd
22 respectfully submit that this
23 demonstrative is potentially
24 misleading on that point.

1 MR. BUCHANAN: I believe the
2 entities are defendants, and so I
3 understand your statement, counsel,
4 but I probably disagree with whatever
5 inference you're trying to draw from
6 it.

7 MR. STERN: I'm not trying to
8 draw an inference. It's just that in
9 2003, for example, Endo and Qualitest
10 were not the same company. In fact,
11 they weren't even related at that
12 point. And the single bar is
13 potentially misleading.

14 MR. BUCHANAN: There is no fuss
15 on that fact, sir.

16 But where we might have a
17 disagreement is with regard to whether
18 Qualitest is, through a successor of
19 Qualitest, liable for the sales that
20 it made at any point in time.

21 MR. STERN: That's an issue for
22 another day.

23 MR. BUCHANAN: That's an issue
24 for another day.

1 I tried to present the chart in
2 a way that reflected the sales
3 attributable to each of them and so we
4 can have accurate testimony.

5 Your clarification is noted, but
6 let's zoom forward to a period where
7 we shouldn't have a dispute, and
8 that's 2011.

9 BY MR. BUCHANAN:

10 Q. Can we agree, sir --

11 MR. STERN: Mr. Buchanan, we
12 have the same dispute because Par
13 perches the top the 2011 bar and that
14 was pre-acquisition.

15 MR. BUCHANAN: We can certainly
16 do this. Let's forget about the blue
17 tip the top of 2011 and 2012.

18 BY MR. BUCHANAN:

19 Q. Sir, can we agree that in the
20 year after the CDC announced the
21 prescription drug overdose epidemic that
22 the combined Endo/Qualitest entity grew
23 its sales?

24 A. Well -- yes.

1 Q. Thank you.

2 And, sir, when I use the term
3 "sales," I guess as a businessperson,
4 there's been some resistance to my use of
5 the term. I won't say -- you've been
6 cooperative. But you're interpreting that
7 as dollars as opposed to pills.

8 What's the right way to
9 communicate when I'm talking about pills
10 with you?

11 A. Again, it's what you see here.
12 The extended units on the left part -- on
13 the Y part of the -- the Y portion of the
14 chart.

15 Q. So my chart is sufficiently
16 descriptive in terms of by adding extended
17 units on the side we know what we're
18 talking about?

19 A. When we talk about extended
20 units, we know we're talking about
21 individual pills.

22 Q. Fair enough.

23 (Campanelli Exhibit 211,
24 document, was marked for

1 identification, as of this date.)

2 BY MR. BUCHANAN:

3 Q. Passing you what we've marked as
4 Exhibit 211 to your deposition, sir.

5 Sir, 211 is the same exhibit we
6 just looked at?

7 MR. STERN: Counsel, I'm sorry
8 to interrupt.

9 The same observation with
10 respect to 211 as 210.

11 MR. BUCHANAN: Your objection,
12 or observation, is noted.

13 BY MR. BUCHANAN:

14 Q. Mr. Campanelli, when we look at
15 Exhibit 211, what we've now incorporated
16 is the data from the CDC that reflects the
17 deaths secondary to opioid use in this
18 country.

19 You see that red line?

20 A. Yes.

21 Q. Okay. At any point in time,
22 sir, prior to 2015, had any scientists
23 within your company or any employee within
24 your company brought to you the sales data

1 in extended units and shown that in
2 combination with the deaths secondary to
3 this epidemic?

4 A. I don't recall that happening.

5 Q. Prior to sitting here today,
6 sir, has anybody in your company brought
7 to you the juxtaposition of your sales in
8 extended units with the deaths that have
9 been suffered in this country secondary to
10 the opioid epidemic?

11 A. As I sit here today, I don't
12 recall seeing or hearing from the
13 individuals this type of data.

14 Based upon our -- our strategy
15 moving forward, we're winding down our
16 opioid production.

17 Q. You say winding down, sir. I
18 still see hundreds of millions of pills
19 being made, right?

20 A. There are, but they're
21 significantly less than in 2013, '14, and
22 '15.

23 Q. And we only have Qualitest
24 through 2015.

1 Is that because Qualitest data
2 would now be in Par, sir?

3 A. Yes.

4 Again, what's misleading is what
5 you really need to be doing here is
6 looking at the red and the blue bars and
7 understanding that that is generic
8 extended units and the yellow being
9 branded extended units. That's the way
10 you should be interpreting this data,
11 assuming it's correct.

12 Q. Okay. And all I can do, sir, is
13 compile what's been given to us by the
14 company as reflective of its sales, and
15 I'll represent to you we did our best to
16 do that accurately.

17 What I do see, sir, is in 2018,
18 Par made some 660 million opioid extended
19 units, right?

20 MR. STERN: I'm sorry,
21 counselor. 2018? I don't have that
22 on my --

23 MR. BUCHANAN: I'm sorry. I'm
24 back at the chart, which is 207, the

1 data table, sir.

2 MR. STERN: Okay. Sorry.

3 BY MR. BUCHANAN:

4 Q. See that?

5 A. Could you just rephrase the
6 question, or repeat the question?

7 Q. Certainly. Yeah.

8 You see, sir, in 2018 that Par's
9 still made some 660 million opioid
10 tablets, right, or extended units?

11 A. Yes, which is a significant
12 decrease from the prior year.

13 Q. The 272 oxycodone APAPs, right?

14 A. Yes.

15 Q. Those would be Percocets, right?

16 A. Yes.

17 Q. Some 260 million hydrocodone
18 APAPs, right?

19 A. Correct.

20 Q. That would be Vicodin, right?

21 A. Yes.

22 Q. Okay. And then a number of
23 other ones that are reflected on the
24 various schedules and that we saw in the

1 pill charts earlier today, correct?

2 A. And, yes, as you can see a
3 significant reduction over time.

4 Q. Okay. Still in the opioid
5 business today?

6 MR. STERN: Objection to the
7 form.

8 A. We still sell a small amount
9 of -- of opioids today, yes.

10 Q. Well, 660 million last year,
11 right, sir?

12 A. Yes, and declining.

13 Q. I suppose it depends on how you
14 define small.

15 A. Again, these medications have a
16 purpose for people in pain.

17 Q. I suppose it matters on how you
18 define small, right?

19 A. Yeah.

20 Q. Okay. All right. We spent some
21 time, sir, talking about Percocet today.

22 I would like to talk about that
23 in a little more detail.

24 You didn't have to wait until

1 the DEA --

2 MR. BUCHANAN: Excuse me.

3 Withdrawn.



16 (Campanelli Exhibit 11, e-mail,
17 was marked for identification, as of
18 this date.)

19 BY MR. BUCHANAN:

20 Q. You have Exhibit 11 in your
21 binder. If I could direct you to that,
22 sir.

23 MR. BUCHANAN: Corey, we're
24 going to start on the first page.

1 Q. It's an e-mail exchange between
2 some Endo folks. You'll see a Bates
3 number in the bottom that indicates it was
4 produced to us in this litigation by Endo.

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12 Q. And at any point today, sir, if
13 you feel the need to look further in a
14 document, feel free. I'm going to try and
15 orient you as best as I'm able, and maybe
16 you just want to until I do that and you
17 can decide what you need to read. It's
18 your call.

19 A. Okay. Thank you.

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Q. Let's look at Exhibit 12.

(Campanelli Exhibit 12,
document, was marked for
identification, as of this date.)

BY MR. BUCHANAN:

Q. "The addiction potential of
oxycodone Percodan," Edward Bloomquist.
It's an article, reports on drugs.

You see that, sir?

A. Yes.

MR. BUCHANAN: Can you go to the

1 right column, Corey, number 2?

2 Q. (Reading) Numerous non-criminal
3 persons without previous history of
4 addiction or of association with illicit
5 narcotics are becoming addicted to the
6 drug and are committing criminal offenses
7 to obtain it.

8 Did I read that correctly, sir?

9 A. You did.

10 Q. Okay. And this is not a report
11 from 2003; is it, sir?

12 A. No. It's not.

13 Q. When is this report from?

14 A. 1963.

15 Q. A report in the literature from
16 1963 about numerous non-criminal persons
17 without previous histories of addiction or
18 of association with illicit narcotics are
19 becoming addicted to the drug Percodan and
20 are committing criminal offenses to obtain
21 it.

22 You see, that, sir?

23 A. I see that.

24 Q. Certainly information you'd want

1 to be mindful of in connection with
2 presenting this product to the public,
3 right?

4 MR. STERN: Objection to the
5 form; lack of foundation.

6 A. With what the article's also
7 saying is that the same care should be
8 used when using Percodan as also Morphine.

9 Q. My question to you, sir, was
10 certainly information, information being
11 that numerous non-criminal persons without
12 previous histories of addiction or
13 associations with illicit narcotics, are
14 becoming addicted to the drug and are
15 committing crimes to get it, that's
16 something a company should be aware of in
17 connection with its marketing and
18 promotion of a product, right?

19 A. I see that --

20 MR. STERN: Objection to the
21 form.

22 A. I see those words, but it also
23 says that the same care should be used
24 when exercising using Percodan as with

1 Morphine. So, to me it's a general
2 statement.

3 I'd have to go through this
4 entire article in a little bit more
5 detail.

6 But I see your point, but I also
7 see that they're also making the point
8 that care needs to be given.

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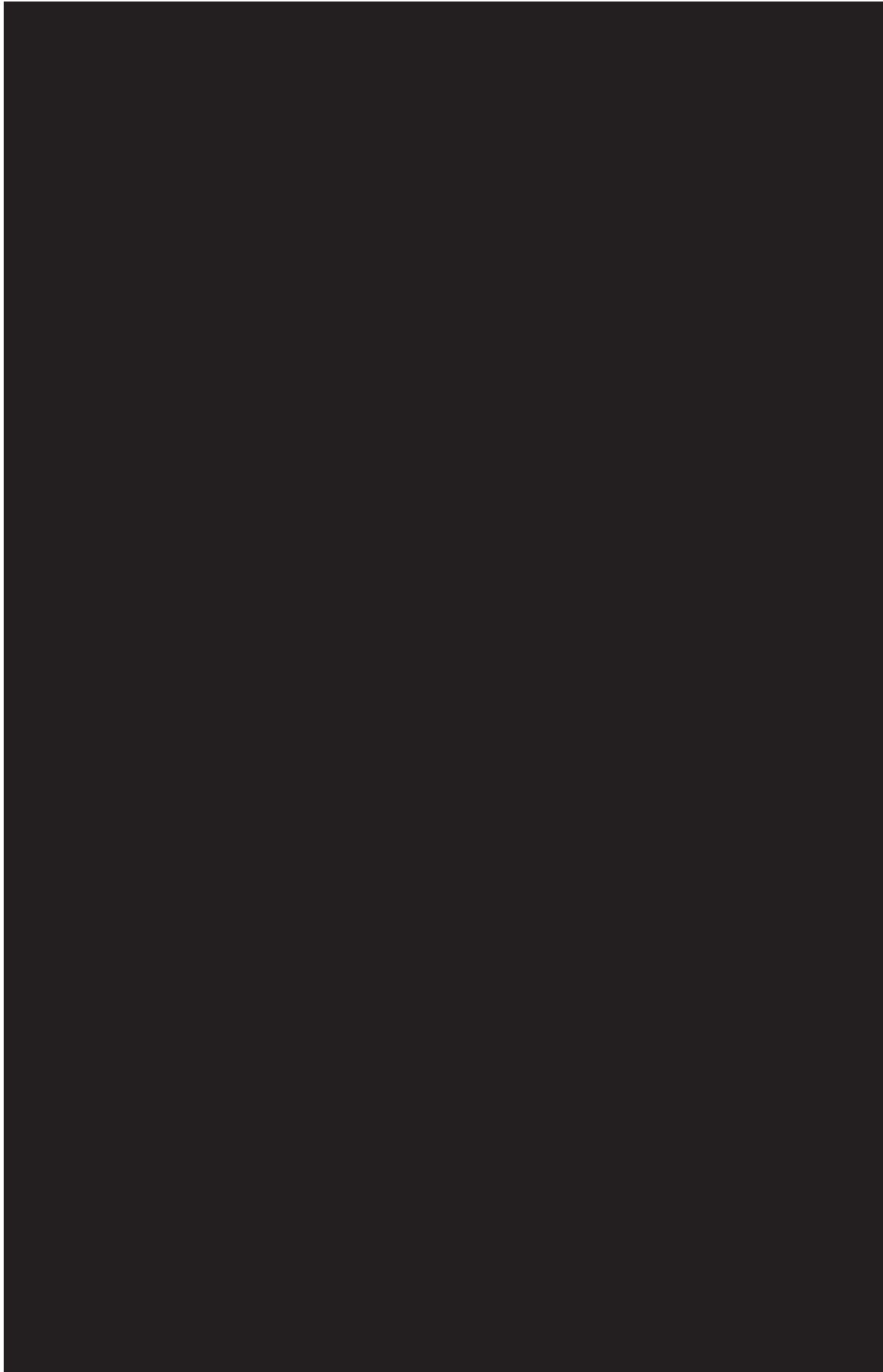
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Could I have -- actually, you

1 have them already. Could you go, please,
2 to Exhibit 13 in your binder, sir?

3 (Campanelli Exhibit 13, e-mail,
4 was marked for identification, as of
5 this date.)

6 BY MR. BUCHANAN:

7 Q. Exhibit 13 is exchange
8 between --

9 MR. BUCHANAN: It's E1876,
10 Corey.

11 Q. It's an exchange between an
12 individual named David Kerr and a host of
13 folks.

14 Pretty senior guy, right?

15 A. Senior vice-president, yes.

16 Q. Senior vice-president commercial
17 business for Endo at that point in time,
18 correct, sir?

19 A. Yes.

20 Q. Okay. And I'd like to direct
21 your attention to dot-387. It's a
22 presentation.

23 And it may be faster on the
24 screen. You have my --

1 MR. STERN: I'm sorry. Dot-387.

2 MR. BUCHANAN: Dot-387. There's
3 a series of presentations in this.

4 MR. STERN: I see.

5 BY MR. BUCHANAN:

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11 What tab am I on?

12 MR. STERN: 38 -- you're Tab 13
13 and then way toward the back -- near
14 Tab 14. Go all the way -- you're
15 looking for this number.

16 THE WITNESS: Yeah, I have it.
17 Okay.

18 BY MR. BUCHANAN:

19 Q. You should see the same thing in
20 your binder that you see on the screen.

21 A. Okay.

22 Q. Can you just confirm for me that
23 you do?

24 A. I do.

1 Q. Great.

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Q. Okay. Let's look at Exhibit 14.

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(Campanelli Exhibit 14,

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document, was marked for

8

identification, as of this date.)

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BY MR. BUCHANAN:

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Q. I'm going to pass you what we're marking as Exhibit 12, sir, see if this refreshes your recollection.

Here you are, sir.

(Campanelli Exhibit 212, document, was marked for identification, as of this date.)

MR. BUCHANAN: 212 is the demonstrative.

BY MR. BUCHANAN:



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23 Q. Okay. Let's look back now to
24 Exhibit 14, sir.

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Can you go, please, to --

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MR. BUCHANAN: What's the tab on

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this?

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(Pause.)

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(Campanelli Exhibit 101,

10

document, was marked for

11

identification, as of this date.)

12

BY MR. BUCHANAN:

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Q. I'm passing you what we're

14

marking as Exhibit 101. This is a Power

15

Point from 2002, an executive committee

16

presentation.

17

You see that, sir?

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A. Yes, I do.

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MR. BUCHANAN: It's E1870.

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BY MR. BUCHANAN:

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20 MR. BUCHANAN: Could I please
21 have Exhibit 15?
22 (Campanelli Exhibit 15,
23 document, was marked for
24 identification, as of this date.)

1 BY MR. BUCHANAN:

2 Q. Go to tab 15, please. Now we're
3 back to your binder, sir. Tab 15.

4 A. Sorry.

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MR. BUCHANAN: So, counsel, I don't know what you want to do timewise.

MR. STERN: It's totally up to you.

MR. BUCHANAN: I'm going to go into a new area. If we're ready for a break and that's fine for the witness and you, that's fine.

MR. STERN: Let me ask Mr. Campanelli, do you have a preference?

THE WITNESS: Do you want to do a quick break and come back?

MR. STERN: Sure. A quick break and come back or a lunch break?

THE WITNESS: I'm fine. I'll do -- let's do a bio break and keep going.

MR. BUCHANAN: Let's do a bio break and do another hour.

1 MR. STERN: The last five was
2 ten. We'll try to keep it to that.

3 MR. BUCHANAN: That's fine.

4 THE VIDEOGRAPHER: Stand by,
5 please. Remove your microphones.

6 The time is 12:23 p.m.

7 Off the record.

8 (Recess taken.)

9 THE VIDEOGRAPHER: We are back
10 on the record.

11 The time is 12:37 p.m.

12 BY MR. BUCHANAN:

13 Q. Mr. Campanelli, we are back on
14 record. You're still under oath.

15 Are you ready to proceed?

16 A. Yes.

17 Q. Okay, great.

18 We were looking at a
19 presentation a moment ago, Exhibit 15,
20 entitled "Endo commercial capabilities
21 overview."

22 Do you recall that?

23 A. Yes.

24 Q. Tab 15 in your binder.

1 A. Is that where you want me to go?

2 Q. If you could real quick, just to
3 keep us oriented.

4 A. Okay.

5 MR. STERN: I'm sorry. I
6 apologize. Tab 15?

7 BY MR. BUCHANAN:

8 Q. Okay. And the way this was
9 produced to us, sir, is with an e-mail and
10 an attachment.

11 MR. BUCHANAN: What I'd like to
12 do is ask my tech, if you could, to
13 pull up the Bates number for the file
14 so that we can tie it back to the
15 production so there's no dispute.

16 And for the record, the Bates
17 number of the file we were just
18 looking at is
19 ENDO_OPIOID_MDL_01139611.

20 BY MR. BUCHANAN:

21 Q. Okay. And, what I'd like to do,
22 sir, because there was some question about
23 who wrote this and -- and the
24 communications around it, is give you, if

1 I could, the e-mail to which it was
2 attached (handing.)

3 (Campanelli Exhibit 102, e-mail,
4 was marked for identification, as of
5 this date.)

6 BY MR. BUCHANAN:

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9 Q. Okay. Let's go to E139. It's
10 Exhibit 16, sir.

11 From time to time, companies
12 like Endo --

13 A. I apologize. I don't think I
14 have an exhibit --

15 MS. SCULLION: New binder.

16 MR. BUCHANAN: Sorry. Here you
17 go, sir (handing.)

18 THE WITNESS: Should I --

19 MR. BUCHANAN: You can set the
20 prior one aside.

21 MR. STERN: You know what, I'll
22 take it from you, Paul. I'm going to
23 take this off for just one second.

24 THE WITNESS: Okay.

1 What tab would you like me to go
2 to, sir?

3 MR. BUCHANAN: Probably the
4 first one in that. It's Tab 16. Or
5 hopefully it is.

6 MR. STERN: Bear with me a
7 minute.

8 MR. BUCHANAN: No worries.

9 (Pause.)

10 BY MR. BUCHANAN:

11 Q. Do you see Tab 16?

12 A. Yes.

13 Q. An Exhibit 16 sticker on that
14 first page?

15 A. Correct.

16 (Campanelli Exhibit 16,
17 document, was marked for
18 identification, as of this date.)

19 BY MR. BUCHANAN:

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MR. BUCHANAN: Can you put
Exhibit 17 on the screen, Corey? It's
a video. Just put it up on the screen
and pause it.

BY MR. BUCHANAN:

Q. On the screen, sir, what I've
marked as 17 is the full footage of the
video.

For the record, what we're going
to supply, and I'd like the court reporter
to transcribe the portions that are
played, is an interview conducted with Ms.
Carol Ammon.

Do you know who she is?

1 A. She was the founder of Endo.

2 Q. She was the founder and also the
3 CEO, right?

4 A. Correct.

5 Q. Okay. So, she came out of the
6 DuPont Merck joint venture in 1997, formed
7 the company, and then ultimately brought
8 it public a few years later?

9 A. That's my general understanding.

10 Q. Okay.

11 MR. BUCHANAN: Could we queue up
12 this particular video at 3:37, Corey?

13 MR. STERN: And I'm just going
14 to object, Mr. Buchanan, to the
15 playing of an excerpt instead of the
16 full video.

17 MR. BUCHANAN: If there's some
18 other portion you'd like to play, you
19 have the disk, and my tech would be
20 happy to assist you in doing so, if
21 you'd like.

22 Can we roll?

23 (Video recording played.)

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Q. Let's see if we have some documents that can further elucidate this, sir.

Can you go, please, to --

MR. STERN: Are we sticking with the new binder here?

MR. BUCHANAN: I thought we were, but it looks like this is one that's a standalone.

MR. STERN: Okay.

(Campanelli Exhibit 103, e-mail, was marked for identification, as of this date.)

1 BY MR. BUCHANAN:

2 Q. And, sir, what number do we have
3 on the bottom?

4 A. 103.

5 Q. 103, sir.

6 You see here an e-mail exchange.

7 MR. BUCHANAN: Let's see 1256.

8 A. Correct.

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Q. Okay. Let's go back, please, to Exhibit 15.

(Campanelli Exhibit 15, document, was marked for identification, as of this date.)

BY MR. BUCHANAN:

Q. It's in the prior binder, but I'm just going to pop this one slide up. Maybe you can just work with that.

MR. BUCHANAN: It's dot-36, Corey.

BY MR. BUCHANAN:



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Q. Okay.

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(Campanelli Exhibit 104,

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document, was marked for

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identification, as of this date.)

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BY MR. BUCHANAN:

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Q. Passing over what we're marking

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as Exhibit 104, sir.

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I apologize we're in and out of

12

the binder.

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MR. BUCHANAN: Corey, could you

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pull up 1251, E1251?

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BY MR. BUCHANAN:

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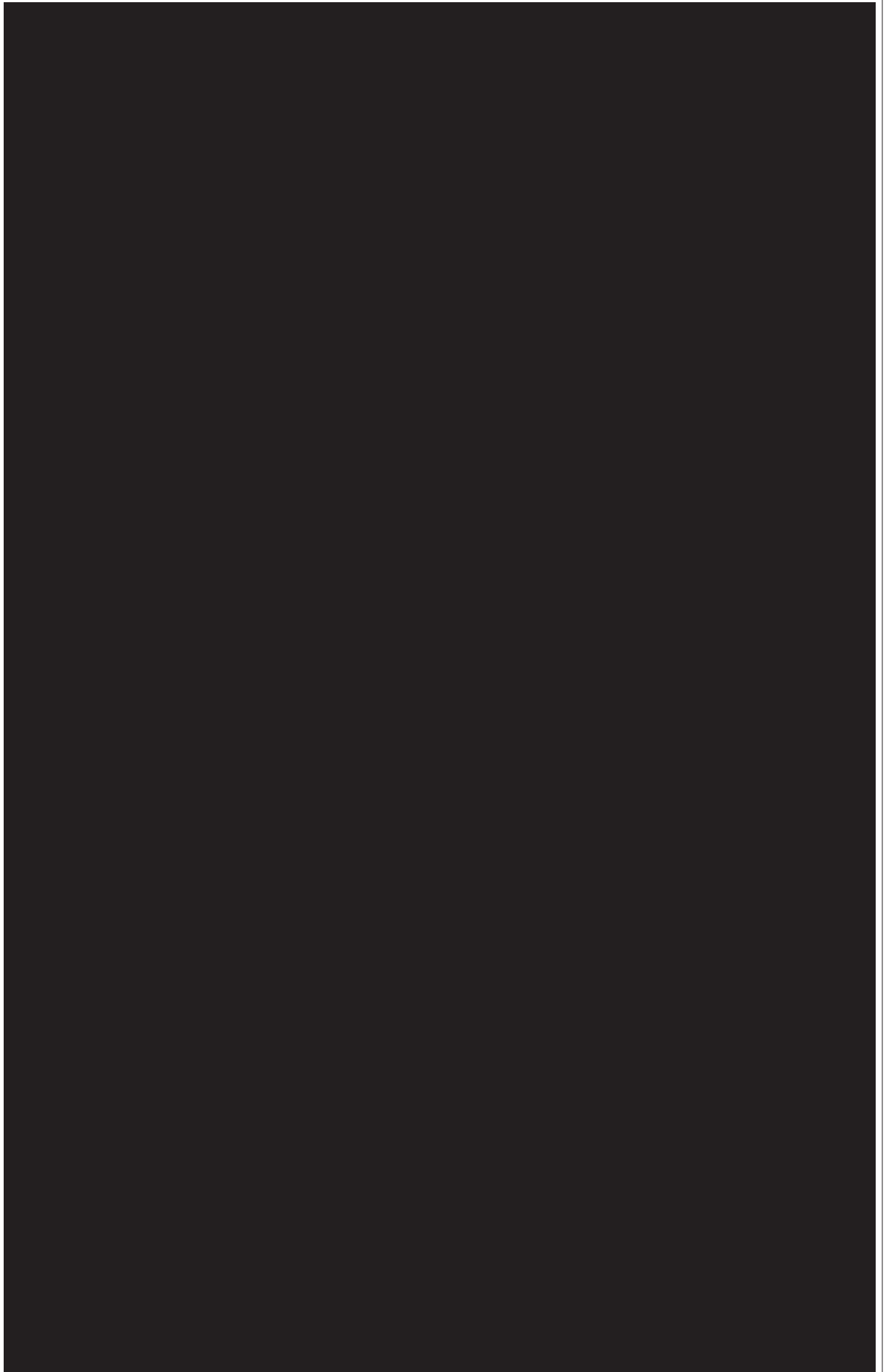
Q. Okay. All right. Let's move forward, please. Passing another one over.

(Campanelli Exhibit 105, document, was marked for identification, as of this date.)

BY MR. BUCHANAN:



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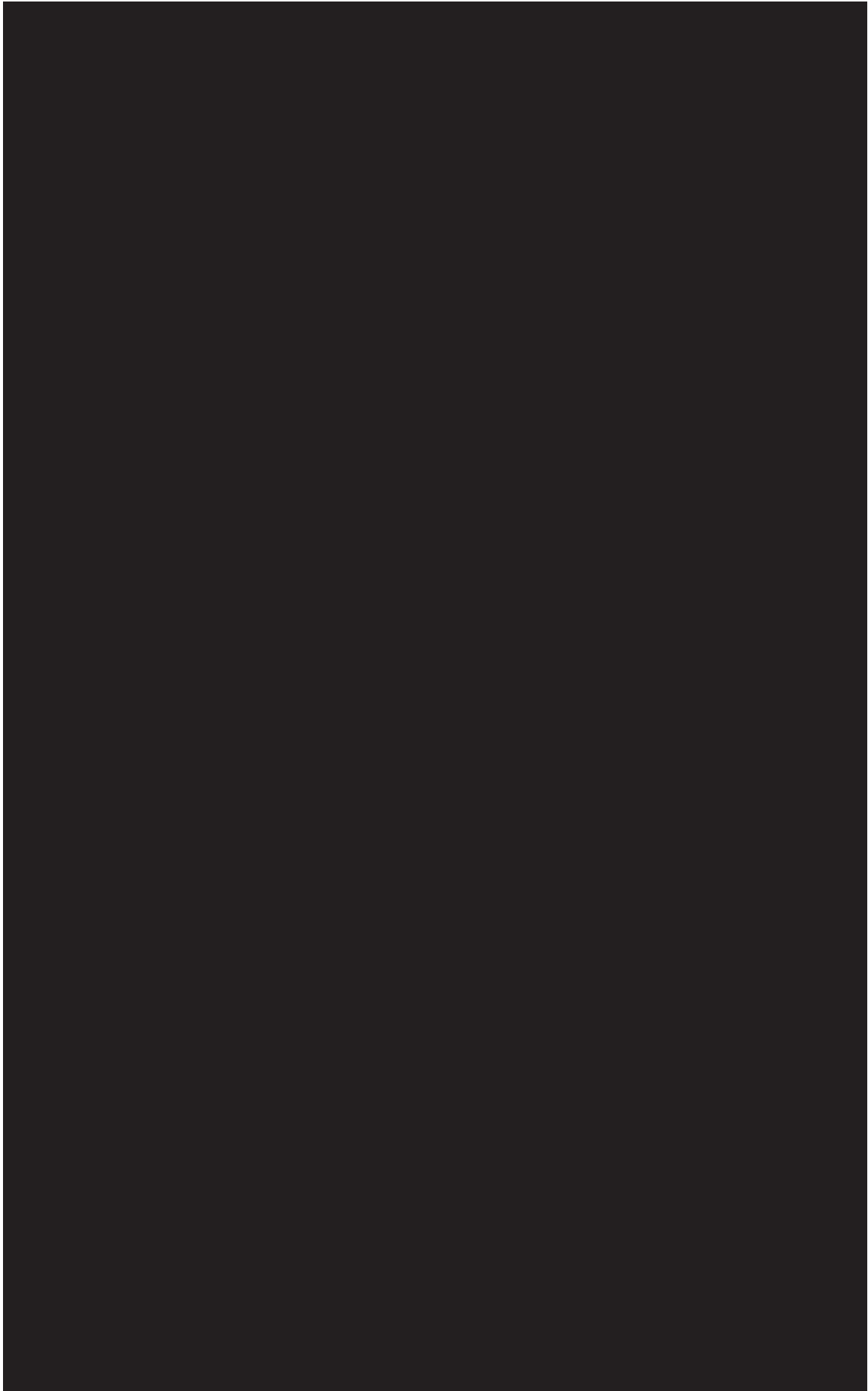
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Q. Okay. Let's look at Exhibit 19,

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sir.

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(Campanelli Exhibit 19, e-mail,

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was marked for identification, as of

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this date.)

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MR. STERN: Wait. I'm sorry.

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Book one? Second book?

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Sorry.

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BY MR. BUCHANAN:

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You see that?

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MR. STERN: Can you hold on just
a second, Mr. Buchanan?

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MR. BUCHANAN: Sure. Whatever
time you need, counsel, and the
witness, of course, to catch up with
where we are.

11

I am on --

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MR. STERN: I'm not sure I'm
looking at the right thing.

14

15

MR. BUCHANAN: Okay. You should
be looking at Exhibit 19.

16

17

18

MR. STERN: Right. This is not
a letter response to a congressional
investigation.

19

20

MR. BUCHANAN: I'm sorry. Thank
you.

21

22

It's a letter responding to Vice
President Biden. Thank you.

23

24

MR. STERN: Then I have the
right document.

1 BY MR. BUCHANAN:

2 Q. You see Exhibit 19, sir? You're
3 on the same page with us?

4 A. Yes.

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23 Q. In your binder, sir, I'm going
24 to move you forward to Exhibit 21.

1 (Campanelli Exhibit 21,
2 document, was marked for
3 identification, as of this date.)

4 MR. BUCHANAN: I'm sorry. Don't
5 go to 21. I'm told we have an exhibit
6 snafu. I'm passing you over, sir,
7 what we've marked as Exhibit
8 Number 21.

9 BY MR. BUCHANAN:



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Q. Okay. Let's go to Exhibit 22.

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(Campanelli Exhibit 22,

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document, was marked for

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identification, as of this date.)

8

BY MR. BUCHANAN:

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Q. Should be in the binder.

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Let's go to Exhibit 23.

(Campanelli Exhibit 23,
document, was marked for
identification, as of this date.)

BY MR. BUCHANAN:



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Q. And they were doing it in 2009,
if you go to Exhibit 24 next in order.

(Campanelli Exhibit 24,
document, was marked for
identification, as of this date.)

BY MR. BUCHANAN:

Q. Do you see the 2009
presentation, sir?

A. Yes.



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Q. Okay. We'll go to 2012.

MR. STERN: Can you give us a tab, or an exhibit?

MR. BUCHANAN: It's exhibit number -- I think I need it.

(Pause.)

MR. BUCHANAN: Exhibit 25, next in order.

(Campanelli Exhibit 25, document, was marked for identification, as of this date.)

BY MR. BUCHANAN:

Q. This will take us to 2012, sir.



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MR. STERN: Objection to the
form; lack of foundation.

A. It appears consistent.

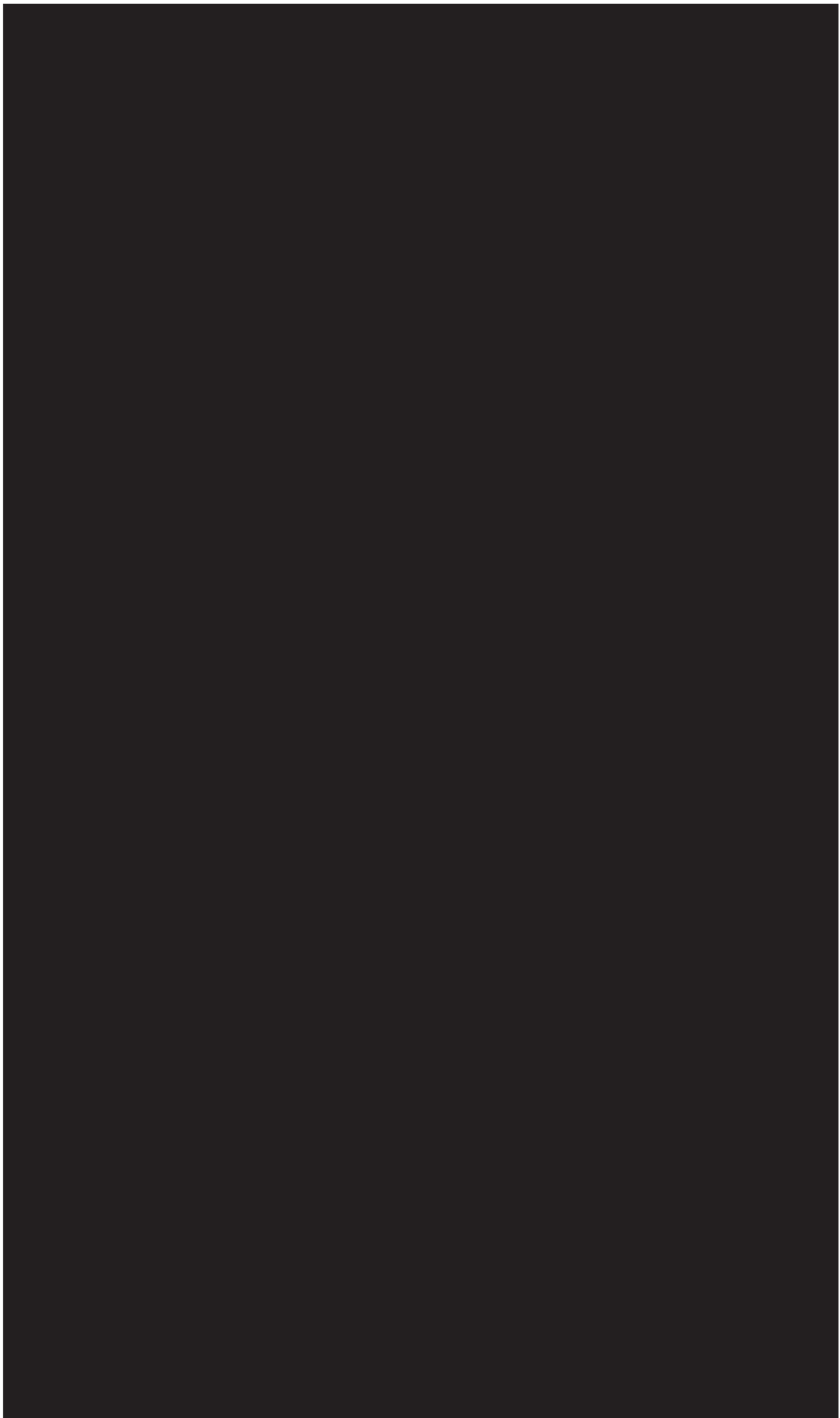
Q. Okay. Well, let's go forward,
sir, to Exhibit 40.

(Campanelli Exhibit 40,
document, was marked for
identification, as of this date.)

BY MR. BUCHANAN:



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Q. Okay.

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MR. BUCHANAN: If I can have

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Exhibit 26, please.

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THE WITNESS: Am I going to

9

tab --

10

MR. BUCHANAN: You are, but I

11

think this is an audio file.

12

(Campanelli Exhibit 26, CD, was

13

marked for identification, as of this

14

date.)

15

MR. BUCHANAN: Passing over

16

Exhibit 26 for counsel, if they'd like

17

to review the broader program.

18

MR. STERN: Do you have copies

19

of either the video or the audio?

20

MR. BUCHANAN: I don't, but

21

you're welcome to use those today.

22

You can take them to make copies. We

23

can make a stipulation.

24

MR. STERN: Okay.

1 MR. BUCHANAN: I'm sorry. Wait.
2 Do we have additional copies?
3 So one for the record and one
4 for counsel.

5 Okay. We'll work it out. We're
6 not trying to keep that stuff out of
7 your hands.

8 BY MR. BUCHANAN:

9 Q. All right. So, we're on Exhibit
10 26.

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Q. Okay.

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MR. BUCHANAN: Could we play --

16

let's pause for a moment. I'll

17

represent before we play it, this is

18

Bates number KP360,

19

OHIO_MDL_000095691. It's excerpts of

20

a Dr. Grace Ford, one of the NIPC

21

speakers during one of the speaker

22

programs.

23

MR. STERN: Objection to the use

24

of just an excerpt.

1 What is the date? That's a good
2 question.

3 MR. BUCHANAN: I don't have it
4 on my sheet.

5 Can we provide it?

6 I understand it's 2006. I'll
7 get a formal month and day for you.

8 Could we queue up, please,
9 Corey, I believe it occurs about 17
10 minutes in, 17:45?

11 BY MR. BUCHANAN:

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13 Q. Well, let's go to Exhibit 28.

14 (Campanelli Exhibit 28,

15 document, was marked for

16 identification, as of this date.)

17 BY MR. BUCHANAN:

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20

21

22 MR. STERN: Objection to the

23 form; lack of foundation.

24 A. I would have to study this

1 document.

2 Q. What you'd get back you'd see
3 was the message you wanted delivered being
4 heard and received, right?

5 A. Again I would have to study this
6 document to understand what this executive
7 summary is indicating.

8 Q. Okay. So, this is a 1282.1,
9 it's Exhibit 28, National Initiative on
10 Pain Control executive summary, right?

11 A. That's what it says.

12 Q. This is reporting on a period of
13 time and it's describing really the -- the
14 efforts that were undertaken, the target
15 audiences, et cetera.

16 You see that?

17 A. You'd have to give me a moment
18 to -- to understand this document.

19 Q. And you're entitled to that
20 moment, sir.

21

22

23

24

1 Q. Okay. And let's go, please, to
2 dot-4.

3 A. Okay.

4 Q. And these are the exit
5 interviews of participants and the
6 comments that are provided back following
7 the CME, right?

8 MR. STERN: Objection; lack of
9 foundation.

10 Q. You're free to orient yourself
11 to the document, sir. I understand you
12 didn't attend it.

13 A. It appears to be feedback from
14 doctors.

15 Q. Right.

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21 Right?
22 A. There are --
23 MR. STERN: Objection; lack of
24 foundation. Except for what's on the

1 face of the document.

2 A. Again, these are -- are -- are
3 quick, short bullets that contain other --
4 other open-ended questions.

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MR. STERN: Objection to the

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form of the question.

7

BY MR. BUCHANAN:

8

Q. Do you see that, sir? Second

9

bullet point.

10

A. Again you're going to a snapshot

11

here. I'd like to study this document in

12

more detail to see if there's other things

13

that would be important.

14

Q. Do you see the bullet I'm

15

referring to, sir?

16

A. I see two bullets you're

17

referring to.

18

Q. Sure. And we know what the CDC

19

ultimately came out and said in 2016,

20

right?

21

A. Yes.

22

Q. They said use less?

23

MR. STERN: Objection.

24

1 BY MR. BUCHANAN:

2 Q. Right?

3 MR. STERN: Objection; lack of
4 foundation; mischaracterizes the CDC
5 guidelines.

6 MR. BUCHANAN: I don't think it
7 does, counsel, but if you want to
8 object to form, that's fine, or
9 foundation.

10 MR. STERN: I am to both.

11 MR. BUCHANAN: It precisely says
12 what I say.

13 A. You'd have to show me that
14 document.

15 Q. You don't have familiarity with
16 the CDC guidelines from 2016, sir?

17 A. Not off the top of my head, no.

18 Q. Go slow and go low.
19 Haven't heard that?

20 A. No, I have not.

21 Q. Certainly not saying use more
22 opioids.

23 Can we agree to that?

24 A. If you show me the document, I

1 can opine on it.

2 Q. Can we agree, sir, that just as
3 somebody who hasn't seen the document,
4 you're not hearing a message today in your
5 community of use more opioids?

6 A. I'm not hearing that in our
7 community.

8 Q. You're not hearing a message in
9 your community, sir, of use opioids
10 earlier with your pain patients?

11 A. Okay. Our understanding is to
12 use opioids responsibly for their intended
13 purposes. Again, there's tens of
14 thousands, if not millions of patients
15 that require opioids to relieve pain for
16 its intended use.

17 Q. Start low and go slow. That's
18 what the CDC's telling people after those
19 big run-up in sales that you all led in
20 the early 2000s, right, sir?

21 MR. STERN: Objection; lack of
22 foundation.

23 A. Again, as I stated, I don't know
24 if that's what's in that document.

1 Q. Let's go to Exhibit 27.

2 (Campanelli Exhibit 27, e-mail,
3 was marked for identification, as of
4 this date.)

5 BY MR. BUCHANAN:

6 Q. Here is a report out of the
7 CME -- report out of a CME NIPC opioid
8 Cinci program.

9 You're familiar, sir, Cincinnati
10 is in Ohio?

11 A. No, I'm not familiar with it.

12 Q. Okay. I'll represent to you,
13 sir, that Cincinnati is in Ohio.

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21 MR. STERN: Objection to the
22 form; lack of foundation; selective
23 quotation of the e-mail.
24 A. I don't know what she's doing

1 here.

2 Q. Okay. You understand that
3 phobia is fear, right?

4 A. As I said, it was a term I was
5 not -- I'm not familiar with this term.

6 Q. Okay. You don't understand the
7 reference to fear?

8 A. I understand fear.

9 Q. Okay. And lessening fear,
10 correct?

11 A. Yes.

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11 A. I don't know what --

12 MR. STERN: Objection; lack of
13 foundation.

14 A. I don't know what she was
15 referring to.

16 Q. I guess we all heard it and the
17 jury will hear it, and they'll have an
18 opportunity to decide.

19 Fair?

20 A. Fair.

21 MR. BUCHANAN: I'm about ready
22 to move into a different topic. I
23 know there was discussion about having
24 lunch today. I assume we're still

1 going to try to do that.

2 What I would like to do before
3 we take a break, if you guys are
4 amenable to a break, is just mark a
5 couple of things for cleanup here.

6 Can I have the exhibits?

7 (Pause.)

8 MR. BUCHANAN: Marking for the
9 exhibit the underlying source data for
10 the demonstratives just so they're
11 complete and you all have a record, to
12 the extent there's any desire to sync
13 things up later.

14 Exhibit 14 is E1848. It's Par
15 sales.

16 MR. STERN: Wait. Hold on a
17 minute.

18 MR. BUCHANAN: I'm going to pass
19 these over to you and you can have
20 them.

21 MR. STERN: We have an
22 Exhibit 14.

23 MR. BUCHANAN: No, I said
24 E1840 -- I'm sorry. Exhibit 214. I'm

1 sorry.

2 Exhibit 214, alternately
3 referenced as E1848, is a summary of
4 Par sales data that was produced by
5 defense counsel to plaintiffs, which
6 underlies some of the charts that we
7 looked at.

8 (Campanelli Exhibit 214,
9 document, was marked for
10 identification, as of this date.)

11 MR. BUCHANAN: Exhibit 213,
12 alternately marked as E1847, is the
13 underlying data for Qualitest sales
14 that was produced to us.

15 (Campanelli Exhibit 213,
16 document, was marked for
17 identification, as of this date.)

18 MR. BUCHANAN: Exhibit 209 is
19 the underlying data on a drive of the
20 Endo sales data, the CDC deaths, and
21 early Qualitest data.

22 (Campanelli Exhibit 209, flash
23 drive, was marked for identification,
24 as of this date.)

1 MR. BUCHANAN: I think that
2 cleans up the exhibits prior to taking
3 lunch.

4 And you're free to peruse those
5 if you need to.

6 At this point, I propose we take
7 a break for lunch, as briefly as you'd
8 like.

9 MR. STERN: Sure.

10 THE VIDEOGRAPHER: All right.
11 Stand by. Microphones.

12 The time is 1:56 p.m.

13 Off the record.

14 (Luncheon recess taken.)

15 - - -

16 A F T E R N O O N S E S S I O N

17 - - -

18 THE VIDEOGRAPHER: We are back
19 on the record.

20 The time is 2:38 p.m.

21 BY MR. BUCHANAN:

22 Q. Sir, we're back on the record.

23 We spent some time before lunch
24 talking about the NIPC and other matters

1 related to CD&E. We're going to talk
2 about some other organizations the company
3 supported over the years.

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15 Q. Okay. Is there a -- do you have
16 a relative
17 CCampanelli@Americangeriatrics.org?

18 A. No.

19 Q. Okay. Thank you.

20 Now, moving forward.

21 I'd like to talk to you about
22 the American Pain Foundation.

23 Is that an entity or an
24 organization you've heard of, sir?

1 A. I'm sorry. One more time?

2 Q. The American Pain Foundation?

3 A. I'm not familiar with it.

4 Q. You may have heard of it by its
5 acronym, APF?

6 A. Fair.

7 Q. Does that seem familiar to you?

8 A. Yes.

9 Q. Could we go to Tab 30 in your
10 binder, sir?

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MR. STERN: Objection to the

4

form of the question.

5

A. I don't know that.

6

Q. Okay. Let's go to Exhibit 31,

7

next in order.

8

(Campanelli Exhibit 31,

9

document, was marked for

10

identification, as of this date.)

11

BY MR. BUCHANAN:

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A. No, I have not.

10

Q. Okay. Let's go to -- let's go

11

to Exhibit 32, which is the next in order.

12

(Campanelli Exhibit 32,

13

document, was marked for

14

identification, as of this date.)

15

BY MR. BUCHANAN:

16

Q. Do you have Exhibit 32 before

17

you, sir?

18

A. Yes.

19

Q. Okay. Exhibit 32 says: Reading

20

this could help ease your pain.

21

Right?

22

A. Yes.

23

Q. Pain Action Guide, American Pain

24

Foundation.

1 A. That's what it says.

2 Q. Okay. We see, if you go to the
3 back, you see that it's, in fact, from
4 2000, right?

5 A. That's what the copyright says.

6 Q. Okay. And this was the
7 organization we saw you were writing
8 checks to, right?

9 MR. STERN: Objection to the
10 form of the question.

11 BY MR. BUCHANAN:

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Q. Okay. All right.

8

So, this is that patient

9

brochure, the pain action guide, from the

10

American Pain Foundation, correct?

11

A. That's what it says.

12

Q. Exhibit 32, let's go to --

13

sorry. Let's go to dot-8.

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20 MR. STERN: Objection.

21 BY MR. BUCHANAN:

22 Q. If their doctor doesn't give
23 them what they want, right?

24 MR. STERN: Objection to the

1 form of the question and lack of
2 foundation.

3 A. I see those words.

4 I also see the page before it
5 where it says: Finding good pain care and
6 taking control of your pain can be hard
7 work. Learn all you can about pain and
8 possible treatments.

9 Q. Okay.

10 MR. BUCHANAN: I'll move to
11 strike the non-responsive portion.

12 Q. But the answer to my question is
13 yes, you see that, right?

14 A. I see the words.

15 Q. Okay. Coaching patients to
16 doctor shop?

17 MR. STERN: Objection to the
18 form of the question.

19 BY MR. BUCHANAN:

20 Q. If they don't get what they want
21 from their doctor?

22 MR. STERN: Objection to the
23 form of the question.

24 A. It says if your doctor's unable

1 to deal with your pain effectively.

2 Q. Ask your doctor to consult with
3 a specialist or consider switching
4 doctors.

5 That's what they wrote, right?

6 A. That's what it says.

7 Q. Okay. Let's look at the next
8 page, dot-9. It says: Pain medications
9 rarely cause addiction.

10 Do you see that?

11 A. I see it.

12 Q. That's not true?

13 MR. STERN: Objection; lack of
14 foundation. Objection to the form.

15 A. Okay.

16 Q. Agree?

17 A. I don't know what the basis of
18 these -- of this brochure is. I don't
19 know what's behind this. I don't know why
20 they chose to say this.

21 Q. It's got you scratching your
22 head though, right? How the heck were
23 they saying that?

24 MR. STERN: Object to the form;

1 lack of foundation.

2 A. As I say, I don't know why they
3 chose the words here.

4 Q. There is nothing rare about the
5 addiction with the use of pain medication,
6 sir?

7 MR. STERN: Objection to the
8 form; lack of foundation.

9 BY MR. BUCHANAN:

10 Q. You agree?

11 MR. STERN: Objection to the
12 form; lack of foundation.

13 A. Could you please say that again?

14 Q. There is nothing rare about
15 addiction with the use of pain medications
16 like opioids, sir. Agreed?

17 MR. STERN: Objection to the
18 form; lack of foundation.

19 A. Again, when used as -- as --
20 under the intended purposes, under the
21 labeled indication, we believe that they
22 are safe and effective. When they're
23 abused or misused, they could be
24 addictive.

1 Q. Pain medications rarely cause
2 addiction. That was in the patient
3 brochure that you, Endo, financially
4 supported?

5 MR. STERN: Objection to the
6 form.

7 BY MR. BUCHANAN:

8 Q. Right?

9 A. It also says: Unless you have a
10 history of substance abuse, there is
11 little risk of addiction.

12 Q. Okay. Where is the study for
13 that, sir?

14 A. I don't know if there is a study
15 or not.

16 Q. There certainly should be one if
17 you're going to tell patients that, right?

18 MR. STERN: Objection to the
19 form; lack of foundation; calls for a
20 legal conclusion.

21 A. Again, I don't know why the
22 words were chosen to be here.

23 Q. One of the ways to combat
24 opiophobia is to tell patients addiction

1 is rare, right?

2 MR. STERN: Objection to the
3 form; lack of foundation.

4 BY MR. BUCHANAN:

5 Q. That will help combat fears,
6 right?

7 A. I don't know the answer to that.

8 Q. Okay. It says: Morphine and
9 similar pain medications called opioids
10 can be highly effectively for certain
11 conditions. Unless you have a history of
12 substance abuse, there is little risk of
13 addiction when these medications are
14 properly prescribed by a doctor and taken
15 as directed.

16 Did I read that correctly?

17 A. Yes.

18 Q. We looked at the CDC chart,
19 right, from 2011? You saw that?

20 A. I saw it.

21 Q. You saw as more people take
22 these drugs, more people are overdosing
23 and dying, more people are going in for
24 treatment for what, sir?

1 MR. STERN: Objection to the
2 form of the question.

3 BY MR. BUCHANAN:

4 Q. Addiction, right?

5 A. I saw the chart. I saw the
6 statistics that you showed me. I saw the
7 sales going up.

8 Q. That look rare to you?

9 MR. STERN: Objection to the
10 form; lack of foundation.

11 A. I don't know the answer to that.

12 Q. Okay. Let's go forward in time.
13 Let's go to I think we're in
14 Exhibit 33.

15 (Campanelli Exhibit 33,
16 document, was marked for
17 identification, as of this date.)

18 BY MR. BUCHANAN:

19 Q. Next in order it looks like.

20 Again, another patient brochure,
21 Pain Action Guide from the American Pain
22 Foundation, right?

23 A. I see it.

24 Q. Okay. We see -- let's see if we

1 have a date on the back.

2 It's 2003, okay.

3 Let's go to dot-3.

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MR. STERN: Objection to the
form of the question; lack of
foundation.

A. They're communicating this point
as you're referencing.

Q. Okay.

(Reading) Pain medications
rarely cause addiction. Morphine and
similar pain medications called opioids
can be highly effective for certain
conditions. Unless you have a history of
substance abuse, there's little risk of
addiction.

1 And it continues.

2 You see that?

3 A. Yes.

4 Q. That's not true.

5 MR. STERN: Objection to the
6 form; lack of foundation.

7 BY MR. BUCHANAN:

8 Q. Right, sir?

9 A. I don't know the answer to that.

10 Q. As a person sitting here, sir,
11 in 2019, president of a pharmaceutical
12 company, is it rare to --

13 MR. STERN: I'm sorry. I also
14 object because the entire sentence was
15 not read just now.

16 MR. BUCHANAN: You just
17 interrupted my question, counsel.

18 MR. STERN: I apologize.

19 MR. BUCHANAN: There's
20 opportunity for redirect, and I
21 certainly wouldn't objected to a
22 comment before, but now I'm in a
23 question.

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1 BY MR. BUCHANAN:

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Q. Okay. Let's look at 34, next in order.

(Campanelli Exhibit 34, e-mail, was marked for identification, as of this date.)

BY MR. BUCHANAN:



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MR. STERN: Objection to the

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form of the question; lack of

6

foundation.

7

A. You're asking me to go back in

8

time back in 2003. I would need to know a

9

lot of information to be able to -- to

10

really respond to that intelligently.

11

Q. Okay. Well, there's no debate,

12

sir, we got a lot of addicted people in

13

this country following the last 15 years

14

of messages like we just looked at, right?

15

MR. STERN: Objection to the

16

form of the question; lack of

17

foundation.

18

A. I will agree that we have too --

19

too much addiction in this country. I do

20

not know if it's tied back to this

21

statement.

22

Q. Let's go to Exhibit 36, please.

23

(Campanelli Exhibit 36,

24

document, was marked for

1 identification, as of this date.)

2 BY MR. BUCHANAN:

3 Q. Because when you use the term
4 "rare," rare actually does have a meaning
5 in the pharmaceutical industry, right?

6 MR. STERN: Objection to the
7 form of the question.

8 A. I'd have to look at it on a
9 product-by-product basis.

10 Q. You've heard of CIOMS, sir?

11 A. No, I have not.

12 Q. Okay. CIOMS is the Council for
13 International Organizations of Medical
14 Science.

15 Are you aware of that?

16 A. No.

17 Q. Don't know it by the long name
18 or the acronym?

19 A. No.

20 Q. Okay. Exhibit 36, sir, is a
21 document entitled "Benefit-Risk Balance
22 for Marketed Drugs: Evaluating safety
23 signals."

24 You see that, sir?

1 A. Yes.

2 Q. Reported by the CIOMS Working
3 Group.

4 You see that?

5 A. I see it.

6 Q. Geneva 1998?

7 A. I see it.

8 Q. Okay. Quantification of risk.
9 Please go to dot-48.

10 As I said, sir, in your field,
11 the pharmaceutical industry, adverse
12 events are, in fact, characterized by
13 certain terms like "rare" and "common" and
14 "frequent."

15 Right?

16 A. I -- I don't know the answer to
17 that.

18 MR. BUCHANAN: Can you please
19 pull it up, Corey?

20 Q. (Reading) Quantification of
21 risk. Incidence of the reaction.

22 Okay.

23 A. I see that.

24 Q. Okay. I'm going to the middle

1 of the paragraph it says: However, risk
2 can often be approximated in terms of
3 magnitudes of 10 as suggested in the CIOMS
4 III report.

5 Do you see that, sir?

6 A. I see it.

7 Q. (Reading) Greater than or equal
8 to 1 percent comon or frequent.

9 You see that?

10 A. I see it.

11 Q. (Reading) Greater than or equal
12 to 1 per 1,000 but less 1 percent uncommon
13 or infrequent.

14 You see that?

15 A. I see it.

16 Q. (Reading) Greater than or equal
17 to 1 per 10,000 but less than 1 per 1,000,
18 that's rare.

19 Right?

20 MR. STERN: Objection; lack of
21 foundation.

22 BY MR. BUCHANAN:

23 Q. Did I read that correctly, sir?

24 A. You read it correctly.

1 Q. (Reading) Less than 1 per 10,000
2 very rare.

3 Right?

4 MR. STERN: Objection; lack of
5 foundation.

6 If you're asking what --

7 MR. BUCHANAN: I'm asking the
8 questions I just asked, counsel.

9 A. I see the words.

10 Q. Okay. Will you agree we looked
11 at the report from within inside the
12 company's walls from 2004, the 3.2 to 18.9
13 percent.

14 Do you recall seeing that just a
15 moment ago with me, sir?

16 A. I see the estimates that you've
17 put back on the screen.

18 Q. Yes, okay.

19 Let's now go back to the CIOMS
20 chart. You tell us where does even the
21 low end of that range, 3.2 percent, where
22 does that fall in these categories for
23 ranking frequency?

24 A. Can I bring up the other --

1 bring up the other --

2 MR. BUCHANAN: Can you pull them
3 up side-by-side, Corey, so he's got
4 them both?

5 BY MR. BUCHANAN:

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19 definitions, let's just stay with my
20 question. Using the CIOMS definition, 3.2
21 percent addiction rate is common or
22 frequent, correct?

23 MR. STERN: Objection to the
24 form; lack of foundation.

1 A. Using that definition, I see
2 where it says common or frequent, but I
3 don't know if it's comparing apples to
4 apples here.

5 Q. Okay. Well, the CIOMS is saying
6 these are the frameworks for frequencies.

7 MR. STERN: Objection; lack of
8 foundation. Objection to form.

9 BY MR. BUCHANAN:

10 Q. You see the CIOMS report, sir?

11 A. I see the CIOMS report.

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15 Q. Okay. Let's go to -- sorry.
16 Trying to move us along.

17 (Pause.)

18 Q. Exhibit 38, please.

19 (Campanelli Exhibit 38, e-mail,
20 was marked for identification, as of
21 this date.)

22 BY MR. BUCHANAN:

23 Q. Exhibit 38, sir, is an e-mail
24 attaching a outline of a presentation from

1 the APS: Fundamentals of pain management.

2 A primer for residents and fellows.

3 Do you see that?

4 A. You're referring to the
5 syllabus?

6 Q. I am, yes.

7 A. I see it.

8 Q. Okay. Can we go to dot-5?

9 (Reading) Fundamentals of pain
10 management. A primer for residents and
11 fellows.

12 Do you see that?

13 A. I see.

14 Q. Okay. And one of the -- let's
15 go to the next slide.

16 MR. BUCHANAN: I think it's on
17 dot-34, please, Corey.

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Q. Okay. You do see with me, sir,
in dot-34, the Screener and Opioid
Assessment For Patients in Pain, SOAPP?

A. I see it.

Q. Okay. Well, let's look at what
the evidence review showed about the
effectiveness of these.

Let's go to Exhibit 39.

(Campanelli Exhibit 39,
document, was marked for
identification, as of this date.)

BY MR. BUCHANAN:

Q. This is something that appears
in -- I'm sorry. Before we get to

1 Exhibit 39, the SOAPP tool is something
2 you all the were using in your marketing,
3 you all were using through your support of
4 various patient groups and pain societies
5 to try and combat opiophobia, correct?

6 MR. STERN: Objection to form
7 and foundation.

8 A. I have no idea.

9 Q. Well, we just looked at it in
10 the APS materials. We can agree to that.

11 A. I saw it in the APS materials.

12 Q. Okay. Let's look at this
13 Evidence Assessment of the Agency For
14 Healthcare Research and Quality.

15 Do you see that?

16 A. No, I don't see it.

17 Q. Okay. It's at the bottom of the
18 page. The writing might be small.

19 MR. BUCHANAN: But maybe we
20 could blow it up a little, Corey, help
21 us all out.

22 A. I see it.

23 Q. It's an agency within U.S.
24 Government, sir?

1 A. I'm not familiar with this
2 agency.

3 Q. Okay. This is a 2014 review,
4 sir. It says: The effectiveness and risk
5 of long-term opioid treatment of chronic
6 pain.

7 MR. BUCHANAN: Let's go to key
8 question 4B, dot-90. Please blow it
9 up for us.

10 Q. (Reading) In patients with
11 chronic pain, what is the effectiveness of
12 use of risk prediction instruments on
13 outcomes related to overdose, addiction,
14 abuse or misuse?

15 Do you see that question?

16 A. Yes.

17 Q. Key point, it's called out on
18 the screen. What's it say?

19 A. (Reading) No study evaluated the
20 effectiveness of risk prediction
21 instruments for reducing outcomes related
22 to overdose, addiction, abuse or misuse.

23 Q. Okay.

24 A. (Reading) SOE: Insufficient.

1 Q. Insufficient.

2 No study evaluated the
3 effectiveness of the tools you were
4 training residents and fellows with.

5 MR. STERN: Objection to form
6 and foundation.

7 BY MR. BUCHANAN:

8 Q. Right, sir?

9 A. That's what the words say.

10 Q. Okay. Let's go to dot-91.

11 "Detailed synthesis" at the top.

12 (Reading) The APS review
13 identified no studies on the effectiveness
14 of risk prediction instruments in reducing
15 outcomes related to overdose, addiction,
16 abuse, or misuse. We also did not
17 identify any studies published since the
18 APS review addressing this question.

19 Did I read that correctly, sir?

20 A. Yes.

21 Q. You can set those aside, sir.

22 Okay. Now, in the early 2000s,
23 sir, there were hearings related to opioid
24 abuse, oxycodone, OxyContin in particular,

1 before Congress.

2 Are you aware of that?

3 A. No, I'm not familiar with that.

4 Q. Okay. Just being someone in the
5 industry, I mean you were in the industry,
6 obviously, in the early 2000s, correct?

7 A. Correct.

8 Q. Okay. I guess we can go back
9 to -- go back to Exhibit 11 in one of the
10 earlier binders. We can also pull it up
11 on the screen for the convenience of
12 everybody.

13 Dot-548. This is that DEA
14 action plan from 2003.

15 THE WITNESS: You know, I'm
16 going to take the binder.

17 (Pause.)

18 A. What tab am I in?

19 Q. You're in Tab 11 in the first
20 binder.

21 MR. STERN: Do we have people on
22 the phone?

23 MS. SCULLION: Sure.

24 MR. STERN: Have they been

1 identified?

2 MS. SCULLION: They e-mail in.

3 MR. BUCHANAN: We can get names
4 at the break.

5 MR. STERN: I wasn't aware of
6 that. That answers my question.

7 BY MR. BUCHANAN:

8 Q. You have it before you again,
9 sir?

10 A. I do.

11 Q. I think if you go to the second
12 page you'll see the DEA release: Drugs of
13 chemical concern. Action plan to prevent
14 the diversion and abuse of OxyContin.

15 You see that?

16 A. I see it.

17 Q. There was also a GAO report in
18 2003.

19 You know that?

20 A. I see it.

21 Q. A GAO report.

22 Are you aware of that?

23 A. I'm not aware of the report.

24 Q. Okay. If you go to Exhibit 44

1 in your other binder, if we can keep them
2 both --

3 A. Sure.

4 Q. -- reasonably handy.

5 MR. STERN: Mine only goes up to
6 40.

7 New binder. New binder, Paul.
8 No, it's not in there.

9 THE WITNESS: Okay. 44, you
10 said?

11 MR. BUCHANAN: Exhibit 44.

12 (Campanelli Exhibit 44,
13 document, was marked for
14 identification, as of this date.)

15 BY MR. BUCHANAN:

16 Q. Do you know what the GAO is,
17 first of all?

18 A. Government -- government
19 accounting -- accountability --
20 government -- I -- no, I -- general
21 accounting office. I don't know.

22 Q. Okay. You know it's a -- it's
23 an office within the government that
24 periodically conducts investigations and

1 reports to Congress and others, correct?

2 A. Correct.

3 Q. So, in December of 2003, sir,
4 they issue a report: Prescription drugs
5 OxyContin abuse and diversion and efforts
6 to address the problem.

7 Do you see that, sir?

8 A. I see it.

9 Q. Okay. And you all, Endo to be
10 clear, decide, at this point in time,
11 after a market that is built on
12 overaggressive promotion, that has
13 embedded within it diversion and abuse,
14 that this is a market you want to be in,
15 right?

16 MR. STERN: Objection to the
17 form of the question; lack of
18 foundation.

19 A. Endo is -- is -- is -- is -- is
20 marketing and promoting opioids into --
21 into this category -- into the U.S. at
22 this point in time.

23 Q. Well, no. I mean even more
24 specifically, sir.

1 I mean you wanted to start
2 selling OxyContin, generic OxyContin, at
3 this point in time in the end of 2003,
4 after allegations of fraud and
5 manipulative marketing, that's the market
6 you wanted to get into and the product you
7 wanted sell, correct?

8 MR. STERN: Objection to form
9 and foundation.

10 A. Endo was looking to get into the
11 market.

12 Q. Right. And Endo did get into
13 the market, right?

14 A. Over time.

15 Q. It got into the market and made
16 generic oxycodone -- excuse me. Generic
17 OxyContin, correct, sir?

18 MR. STERN: Objection to form
19 and foundation for 2004.

20 A. Endo produced the product.

21 Q. Let's look. Can we pull out,
22 please, the Endo sales chart that we had
23 this morning?

24 MR. BUCHANAN: Corey, maybe just

1 for the witness and all of us, we
2 could pull it up on the screen, it's
3 E1811.

4 BY MR. BUCHANAN:

5 Q. We see oxycodone ER 2005.

6 Do you see that?

7 MR. BUCHANAN: I'm sorry. Can
8 you blow it up for us, please, Corey?
9 It's kind of hard to see.

10 Maybe just cut it off at 2006.

11 There we go. Can you see it
12 all?

13 That's good. Can you scroll a
14 little more over so we can have 2004,
15 2005, 2006?

16 Great.

17 Q. So, just to reframe this, sir.
18 The DEA issues an alert on OxyContin in
19 2003 about concerns about abuse and
20 diversion, right?

21 A. I see it.

22 Q. The GAO issues a report on
23 OxyContin abuse and the concerns how it
24 was marketed and the representations that

1 were made and what doctors and patients
2 believe, right?

3 A. I don't know what's in this
4 document.

5 Q. Okay. You can see it in the
6 summary on the left.

7 A. I see the title.

8 Q. Okay. And we see little over a
9 year later, Endo's bringing generic oxy to
10 the market, right?

11 MR. STERN: Objection; form and
12 foundation. Other than what's on the
13 face of the document.

14 A. It eventually enters the market.

15 Q. Okay. The eventually is in
16 2005, Endo sells -- brings generic
17 OxyContin to the market, sir, correct?

18 MR. STERN: Objection; form and
19 foundation.

20 A. I see the units in 2005.

21 Q. And you see the units in 2006,
22 right?

23 A. Correct.

24 Q. Some 270 million pills in some

1 period within those two years, right?

2 MR. STERN: Objection; form and
3 foundation.

4 A. Show me where you're looking.

5 Q. I'm looking oxycodone ER.

6 MR. BUCHANAN: Corey, could you
7 line them up a little bit, please?

8 THE WITNESS: You're a little
9 off.

10 MR. BUCHANAN: Yeah, they're a
11 little staggered, but I think you can
12 tell where.

13 A. I see it.

14 Q. So you see for 2005 130 million
15 pills?

16 A. Yes.

17 Q. You see for 2006 148 million
18 pills?

19 A. Yes.

20 Q. Into this market built on
21 fraudulent representations, marketing
22 problems, and diversion and abuse, right?

23 MR. STERN: Objection; form and
24 foundation.

1 A. I see the report that talks
2 about abuse and diversion. And I see that
3 Endo launched the product in 2005 and had
4 sales as well into 2006 and a little bit
5 in 2007.

6 Q. Right. And you know the story a
7 little bit there, sir. That the company
8 got approval from the FDA, the AB generic,
9 to bring it to the market. Then there was
10 a litigation that followed with Purdue.

11 Is that right?

12 MR. STERN: Objection; form and
13 foundation.

14 MS. PARK: Objection.

15 A. I'm actually not familiar with
16 that.

17 Q. You know Purdue litigated with
18 Endo over this. You don't know that?

19 A. No.

20 Q. And shut it down?

21 MR. STERN: Objection.

22 BY MR. BUCHANAN:

23 Q. So they could keep the sales for
24 themselves?

1 MR. STERN: Objection; form and
2 foundation.

3 A. I didn't know the history.

4 Q. Okay. So, 270 million pills by
5 Endo generic oxy in 2005 and 2006. That's
6 what the data shows, right?

7 A. I see it.

8 Q. Okay. Please look at Exhibit 9,
9 sir.

10 (Campanelli Exhibit 9, document,
11 was marked for identification, as of
12 this date.)

13 A. Am I keeping this other binder
14 in front of me, or not?

15 Q. You might need to. I apologize
16 for that, sir. It shouldn't happen too
17 often.

18 This is an article and I guess a
19 financial report. Market Watch.

20 You see that?

21 A. Yes, I see it.

22 MR. BUCHANAN: Can you pull it
23 up, please, Corey? It's E242.

24 And you can take down the

1 numbers.

2 Q. This is from March 24 of 2004.

3 You see that?

4 A. I see it.

5 Q. That's three months after the
6 GAO issues their report about all this
7 problem with OxyContin, right?

8 MR. STERN: Objection; form and
9 foundation.

10 BY MR. BUCHANAN:

11 Q. Do I have the dates right, sir?

12 A. Correct.

13 MR. STERN: Exhibit 9?

14 MR. BUCHANAN: Exhibit 9.

15 MR. STERN: It's missing from my
16 book.

17 It's behind Tab 8. Okay.

18 BY MR. BUCHANAN:

19 Q. It says: Endo wins OxyContin
20 generics bid.

21 Right?

22 A. I see it.

23 Q. Endo wins?

24 A. I see the headline.

1 Q. It says: Endo OxyContin, which
2 was nicknamed hillbilly heroin after
3 rampant abuse was seen in certain rural
4 areas had U.S. sales of about 1.9 billion
5 in 2003.

6 Right?

7 A. I see it.

8 Q. (Reading) We are extremely
9 pleased by the FDA's approval of our
10 oxycodone extended-release product which
11 represents a substantial market
12 opportunity for Endo.

13 A. I see it.

14 Q. Do you see that?

15 (Reading) And reinforces our
16 leadership position in pain management,
17 said the CEO Carol Ammon.

18 Right?

19 A. I see it.

20 Q. Three months after the GAO
21 reports about all these problems with
22 OxyContin.

23 You agree with that, right?

24 A. The timing is understood.

1 Q. After the DEA reported about the
2 problems of abuse and diversion of
3 OxyContin, as well as your other two
4 products, Percocet and Percodan, right?

5 A. Yes.

6 Q. And after Congress held hearings
7 on the way in which OxyContin had been
8 promoted, correct?

9 MR. STERN: Objection; form and
10 foundation.

11 A. Yes.

12 Q. And we saw, sir, later in time
13 as well, that Qualitest also made generic
14 OxyContin, right?

15 A. Yes.

16 Q. And Par made generic OxyContin,
17 right?

18 A. No.

19 Q. Par sold generic OxyContin?

20 A. Yes.

21 Q. Into the market that was built
22 on those representations as described in
23 these reports, right, sir?

24 MR. STERN: Objection to the

1 form and foundation.

2 A. Could you repeat the question?

3 MR. BUCHANAN: Withdrawn.

4 Q. Opana, that's one you sold for
5 longer than a couple years, right?

6 MR. STERN: Objection; form and
7 foundation.

8 A. Opana was sold for a number of
9 years.

10 Q. Okay. Opana, real potent,
11 right?

12 MR. STERN: Objection to form
13 and foundation.

14 BY MR. BUCHANAN:

15 Q. You can answer.

16 A. It's a potent opioid.

17 Q. Three times more potent than
18 Morphine, right?

19 A. On an MME basis.

20 Q. Two times more potent than the
21 drug we were just talking about that had
22 all the concerns about addiction and
23 abuse, OxyContin, right?

24 MR. STERN: Objection to the

1 form.

2 A. On an MME basis.

3 Q. You sold a lot of it, right?

4 MR. STERN: Objection to the
5 form.

6 A. Sold based on -- on
7 prescriptions.

8 Q. You ultimately built Opana to be
9 the number 2 drug in this market segment;
10 didn't you, sir?

11 MR. STERN: Objection to the
12 form.

13 BY MR. BUCHANAN:

14 Q. You being Endo?

15 MR. STERN: Objection; form and
16 foundation.

17 A. What do you mean by number 2?

18 Q. I mean you weren't in first
19 place, you were in second.

20 MR. STERN: Objection to form
21 and foundation.

22 A. I'm not sure what you're
23 referring to.

24 Based on what?

1 Q. Okay.

2 MR. BUCHANAN: Could I have
3 Bingo 1, please? Do you have a copy
4 for counsel?

5 BY MR. BUCHANAN:

6 Q. Do you know who Demir Bingo is,
7 sir?

8 A. No.

9 Q. I'll represent to you, sir, he
10 was the head of the Opana brand.

11 MR. BUCHANAN: Could we please
12 play Bingo 1, please?

13 (Video played.)

14 "Going to the first bullet point
15 under your description of your time at
16 Endo, you say you successfully
17 launched the Opana brand in 2006
18 building it into a 600 million dollar
19 franchise and becoming the Number Two
20 product in its market segment. Safe
21 to say that your work on the Opana
22 brand was successful?

23 "It was -- yes, it was
24 successful as far as I was concerned.

1 A relatively small percentage of the
2 overall market.

3 "You did build it up to a 600
4 million dollar franchise, correct?

5 "Yes.

6 "Okay. And through the
7 marketing promotion efforts, it did
8 become Number Two product in the
9 market segment at least, correct?

10 "Correct."

11 BY MR. BUCHANAN:

12 Q. Sir, did you have that awareness
13 that, in fact, Opana, from its launch and
14 through the efforts of promotion, dollars
15 you backed behind it with sales revenues
16 and other efforts, rose it to a 600
17 million dollar brand?

18 MR. STERN: Objection; form and
19 foundation.

20 A. At what period of time?

21 Q. At any point during the
22 product's life, sir.

23 A. As I sit here today?

24 Q. Yes.

1 A. I'm aware.

2 Q. Number 2 in the market segment,
3 according to that, for the product,
4 correct?

5 A. As I sit here today, I'm aware.

6 Q. Ultimately had some problems
7 with abuse and diversion with Opana,
8 right?

9 MR. STERN: Objection to the
10 form and foundation.

11 A. That, I don't know.

12 Q. You have no knowledge of that,
13 sir?

14 A. No, I don't.

15 Q. I mean, this was a drug that was
16 on the market in its original and its
17 reformulated form at the time you were the
18 CEO, right?

19 A. CEO of Endo?

20 Q. Yes.

21 A. I was the CEO starting in
22 September of 2016.

23 Q. Yes, sir.

24 A. No, I did not know.

1 Q. Would it be surprising to you,
2 sir, that it was abused and diverted and
3 popular in the street?

4 MR. STERN: At what -- I think
5 we're having a time frame issue here.

6 BY MR. BUCHANAN:

7 Q. At any point in time.

8 A. I've learned about the -- I
9 learned about general concerns with some
10 information flow at an advisory committee.

11 Q. Okay. And that would be the
12 advisory committee in 2017?

13 A. Correct.

14 Q. Okay. Shortly thereafter, the
15 drug was withdrawn from the market at the
16 FDA request, correct?

17 A. Correct. Withdrawn voluntarily,
18 yes.

19 Q. At the FDA's request, sir?

20 A. It was voluntarily removed. The
21 FDA asked us to voluntarily remove it and
22 we complied.

23 Q. Okay. The FDA asked you to
24 withdraw it and you did so, correct?

1 A. They ask -- they requested that
2 we would voluntarily withdraw and we did
3 so.

4 Q. Okay. We'll talk about that a
5 little later.

6 But that's not the first time
7 you pulled an oxymorphone product from the
8 market for safety, right?

9 MR. STERN: Objection to the
10 form and foundation.

11 It's not a 30(b)(6).

12 BY MR. BUCHANAN:

13 Q. You, sir, Endo.

14 MR. STERN: He's not Endo. He's
15 Mr. Campanelli.

16 BY MR. BUCHANAN:

17 Q. Mr. Campanelli, as CEO of Endo,
18 a company that has been in the business
19 since the 1920s, that has marketed opioids
20 for a real long time, it's not the first
21 time the company had to pull an
22 oxymorphone product from the market?

23 MR. STERN: Objection; form and
24 foundation.

1 A. The company started in 1997, and
2 I am unaware if they pulled product in the
3 past.

4 Q. You didn't know that Endo made
5 Numorphan?

6 A. No.

7 Q. You didn't know it pulled it off
8 the market in the '70s because of abuse
9 and diversion?

10 A. No.

11 Q. Same active ingredient, sir.
12 Oxymorphone.

13 A. I'm not --

14 Q. You were not aware of that?

15 A. I'm not familiar with the
16 product.

17 Q. History repeats itself, right?

18 MR. STERN: Objection; form and
19 foundation.

20 A. I'm not sure what you mean by
21 that.

22 Q. I mean it helps to know history
23 so we know how not to let the same thing
24 happen twice, right?

1 MR. STERN: Objection to form
2 and foundation.

3 A. You're referring to 1970?

4 Q. Are you aware, sir, that the
5 company withdrew Numorphan from the market
6 in the '70s?

7 A. No.

8 MR. BUCHANAN: Could I take the
9 witness to 45?

10 Do you have it -- do they have
11 the binder with these exhibits?

12 MR. STERN: Yeah. We have 45.

13 (Campanelli Exhibit 45,
14 document, was marked for
15 identification, as of this date.)

16 BY MR. BUCHANAN:

17 Q. Tab 45. It's a chapter
18 entitled: Oxymorphone abuse among
19 narcotic addicts.

20 Do you see that, sir?

21 MR. STERN: Chapter of what,
22 Mr. Buchanan?

23 MR. BUCHANAN: I'm sure we have
24 the book for you. Or I can get you

1 the title.

2 (Pause.)

3 MR. BUCHANAN: I'm told it's on
4 page 5. Is it on your page 5, sir, at
5 the back of the book?

6 MR. STERN: The front of book.
7 Or maybe it would be the back. Looks
8 like the front of the book.

9 MR. BUCHANAN: Does that orient
10 you, sir?

11 MR. STERN: Yes, it does. Thank
12 you.

13 MR. BUCHANAN: You're welcome.

14 BY MR. BUCHANAN:

15 Q. This book from 1972 says:
16 Oxymorphone abuse among narcotic addicts.

17 We're at chapter 35. Do you see
18 that? Page 1, dot-1.

19 A. Where are you?

20 Q. I'm at dot-1.

21 A. Okay.

22 Q. (Reading) Numorphan, registered
23 trademark.

24 Do you see that?

1 A. I see it.

2 Q. (Reading) A narcotic analgesic
3 developed and first marketed by Endo Labs
4 in 1996 has become a drug of abuse among a
5 sizable segment of the narcotic addict
6 population.

7 Do you see that, sir?

8 A. I think you misspoke.

9 Q. I'm sorry, did I misread that?

10 A. Yes.

11 Q. Okay.

12 (Reading) Numorphan,
13 oxymorphone, a narcotic analgesic
14 developed and first marketed by Endo Labs
15 in 1966 has become a drug of abuse among a
16 sizable segment of the narcotic addict
17 population.

18 Do you see that, sir?

19 A. I do.

20 Q. And, did I read it correctly
21 that time?

22 A. Yes.

23 Q. Okay. If you go down to
24 background, sir, you'll see: On the

1 Street.

2 (Reading) On the street,
3 Numorphan can be identified by its various
4 subculture names.

5 It's got street names, right?

6 A. That's what it says.

7 Q. (Reading) Numorphine, Blue
8 Morphine, Blue Morphan, or Blues.

9 Right?

10 A. That's what it says.

11 Q. And that was something you were
12 worried about in launching, you being
13 Endo, were worried about in launching
14 Opana.

15 Correct, sir?

16 MR. STERN: Objection to form
17 and foundation.

18 A. I have no idea what's going on
19 here in 1966.

20 Q. No, I'm talking about in 2004,
21 '5, '6, sir when you're getting ready to
22 launch Opana.

23 You're worried about the story
24 of the Blues getting out, right?

1 MR. STERN: Objection; no
2 foundation at all.

3 BY MR. BUCHANAN:

4 Q. You're not aware of that, sir?

5 A. I am not aware of that.

6 Q. If you go to Exhibit 46, sir.

7 (Campanelli Exhibit 46,
8 document, was marked for
9 identification, as of this date.)

10 BY MR. BUCHANAN:

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MR. STERN: Objection; form and
foundation.

11 BY MR. BUCHANAN:

12 Q. Right?

13 A. I don't know that.

14 Q. Okay. Let's go forward to --
15 sorry. Pass it over to you. I understand
16 it's not in your binders. It's
17 Exhibit 107.

18 (Campanelli Exhibit 107, e-mail,
19 was marked for identification, as of
20 this date.)

21 BY MR. BUCHANAN:

22 Q. All right. We're looking at
23 Exhibit 107, sir. It's an e-mail among
24 folks and attaching Power Point to subteam

1 members.

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MR. BUCHANAN: You can take that
down, Corey.

BY MR. BUCHANAN:

Q. Before we do so, let's go to
Exhibit 47. Should be in your binder,
sir.

(Campanelli Exhibit 47, e-mail,
was marked for identification, as of
this date.)

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Q. Okay. All right. Let's look at
Exhibit 49, sir.

(Campanelli Exhibit 49, e-mail,
was marked for identification, as of
this date.)

BY MR. BUCHANAN:



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9 BY MR. BUCHANAN:

10 Q. I'm sorry, sir.

11 Does that forgive it?

12 MR. STERN: Objection.

13 A. Okay. So, clearly it -- you
14 know, a lot of people -- everybody feels
15 bad about the abuse and deaths associated
16 with opioids.

17 You're pointing to me to a
18 statement made by marketing which I don't
19 have the ability to know where or how this
20 was used, if it was even used and if it
21 was mark approved or not. So I don't know
22 how to respond to a bullet with some words
23 on it if it ever even got to the sales
24 reps.

1 Q. Okay. Well, let's -- let's read
2 a little more closely then, sir.

3 A. Okay.

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Did I read that correctly, sir?

A. Yes, you did.

MR. BUCHANAN: I suggest we take
a short break.

MR. STERN: Sure.

THE VIDEOGRAPHER: Okay. The
time is 3:59 p.m.

Off the record.

(Recess taken.)

THE VIDEOGRAPHER: We are back
on the record.

1 The time is 4:14 p.m.

2 BY MR. BUCHANAN:

3 Q. Okay. Sir, we were just looking
4 at this late 2007 Opana ATU W3 review.

5 MR. STERN: I'm sorry,
6 Mr. Buchanan. I really apologize. I
7 left my pad downstairs. I'll be right
8 back.

9 MR. BUCHANAN: No worries.

10 THE VIDEOGRAPHER: The time is
11 4:15 p.m.

12 Off the record.

13 (Recess taken.)

14 THE VIDEOGRAPHER: We are back
15 on the record.

16 The time is 4:18 p.m.

17 BY MR. BUCHANAN:

18 Q. Sir, we were just looking at the
19 late 2007 Opana AT W3 review. I'd like to
20 move us forward now into 2008.

21 Again, a marketing analysis of
22 what docs are retaining and the messaging
23 to doctors.

24 If you'll scroll forward in your

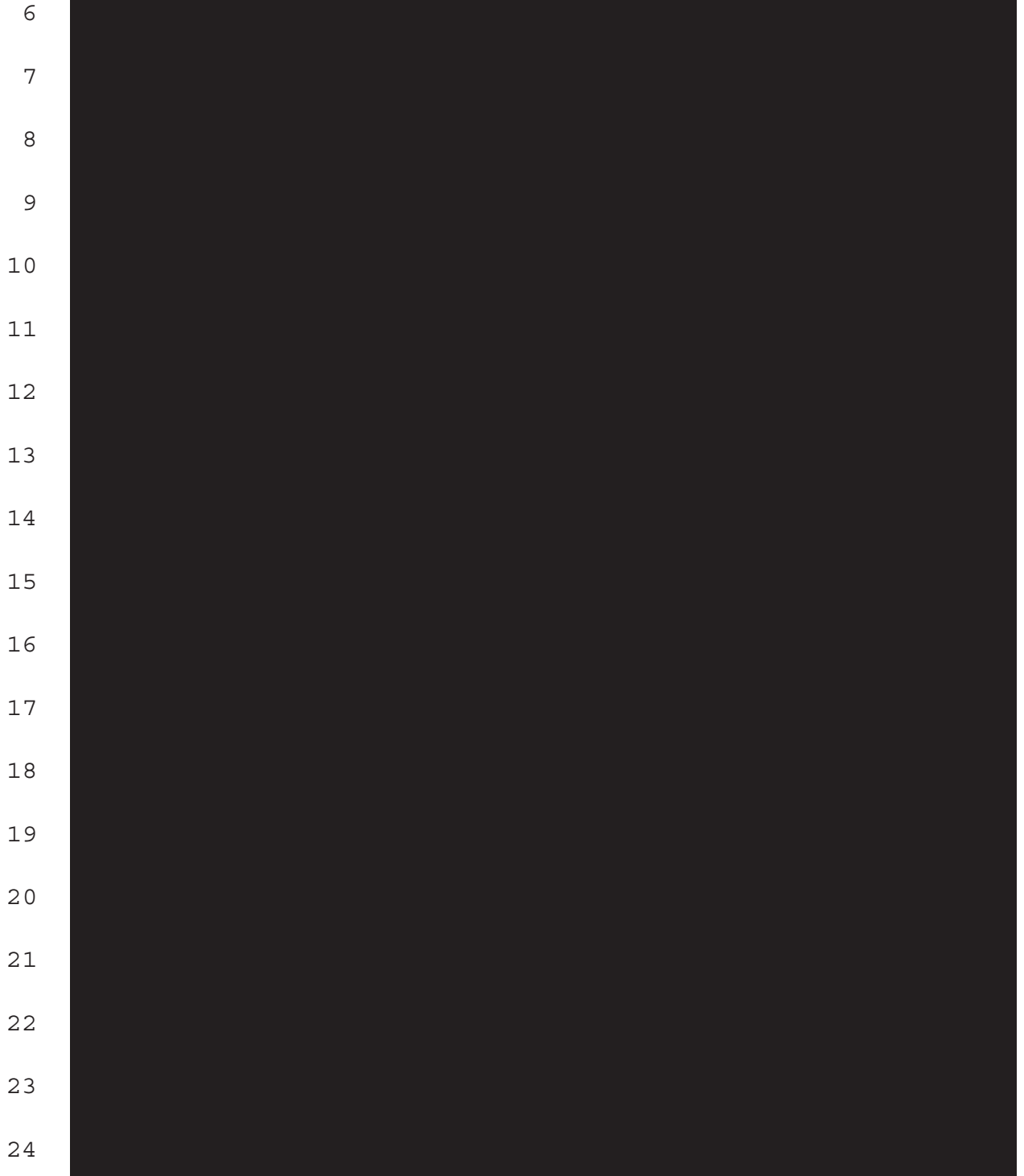
1 binder to Exhibit 50.

2 (Campanelli Exhibit 50,

3 document, was marked for

4 identification, as of this date.)

5 BY MR. BUCHANAN:



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MR. STERN: Objection; form and

8

foundation.

9

BY MR. BUCHANAN:

10

Q. Right?

11

A. Again, I'd have to go to the

12

mark -- approved mark documents to see

13

what was given in front of the sales reps

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to speak to doctors about.

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MR. BUCHANAN: Can we pull up

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Q. Okay. Let's look at Exhibit 52 then, sir.

(Campanelli Exhibit 52, e-mail, was marked for identification, as of this date.)

BY MR. BUCHANAN:



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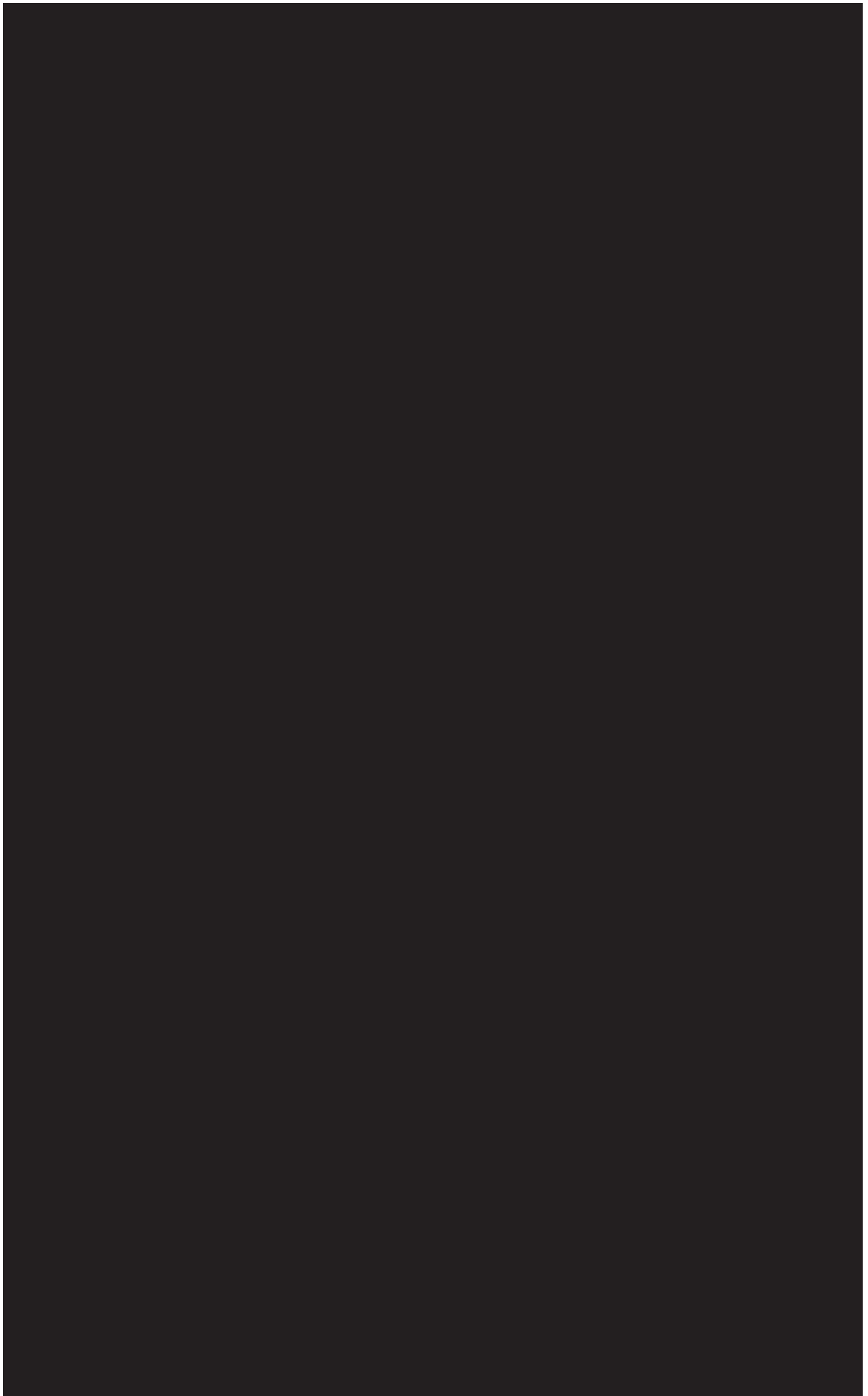
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Q. Let's go forward in your binder,
sir, to 54.

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(Campanelli Exhibit 54,
document, was marked for
identification, as of this date.)

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A. 54?

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Q. DEA released --

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A. I'm sorry, 54?

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Q. 54, yes, sir.

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Q. Not good.

MR. STERN: Objection; form and
foundation.

BY MR. BUCHANAN:

Q. Right?

A. It's not a positive statement.

Q. Certainly it would not be

1 appropriate to be endorsing and promoting
2 a low abuse potential about a drug about
3 which can generate a serious narcotic
4 habit rather quickly.

5 MR. STERN: Objection; form and
6 foundation.

7 BY MR. BUCHANAN:

8 Q. Agreed?

9 A. Again, I don't know if Endo did
10 or did not do this.

11 Q. Will you agree, sir, you are not
12 aware of any scientific data for Opana ER
13 or Opana ER formulated that had a low
14 abuse potential, right?

15 MR. STERN: Objection; form and
16 foundation.

17 A. I'm unaware.

18 Q. Okay.

19 MR. BUCHANAN: Could we play
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Q. Okay. Let's go forward to
Exhibit 53.

(Campanelli Exhibit 53, e-mail,
was marked for identification, as of
this date.)

BY MR. BUCHANAN:



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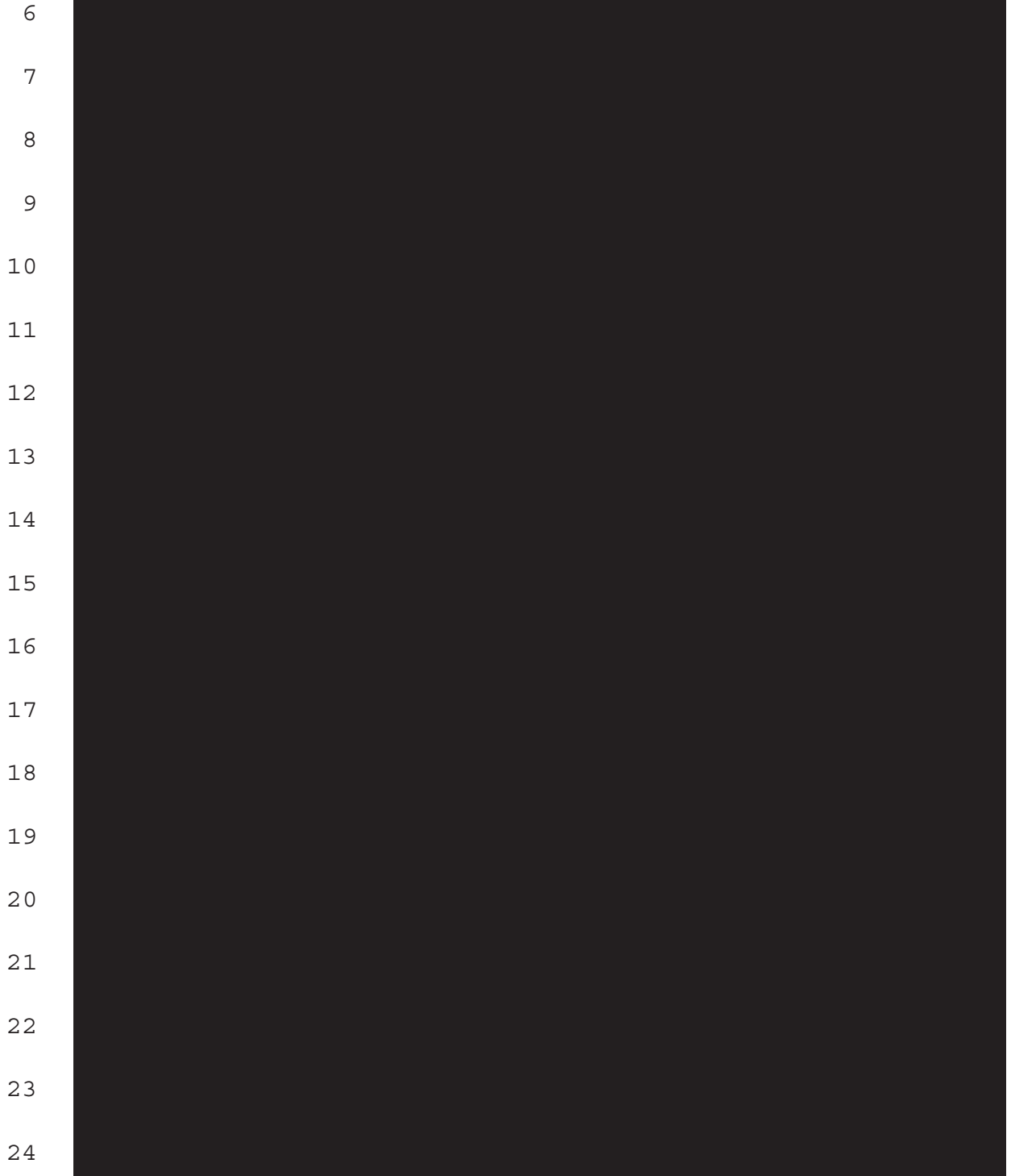
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1 I realize it's late in the day
2 at this point.

3 A. (Perusing document.)

4 MR. BUCHANAN: Can you also blow
5 up the heading, Corey?



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Q. Well, let me show you, sir,

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Exhibit 61.

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(Campanelli Exhibit 61, e-mail,

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was marked for identification, as of

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this date.)

9

BY MR. BUCHANAN:

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Q. It certainly was distributed
within the company, right?

4

MR. STERN: Objection; form and
foundation.

5

6

BY MR. BUCHANAN:

7

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Q. Can we go to the first page and
answer counsel's concern about whether it
was distributed --

9

10

11

MR. STERN: Based on what's in
the document as opposed to his
personal knowledge, yes, we can go to
the first page.

12

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14

MR. BUCHANAN: Okay.

15

BY MR. BUCHANAN:

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Q. You have that, sir?

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A. I do.

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10 Q. Okay. And acted on. They
11 bought it.

12 A. Correct.

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Q. Okay. Let's go to Exhibit 66.

(Campanelli Exhibit 66, e-mail,
was marked for identification, as of
this date.)

BY MR. BUCHANAN:

Q. It's an e-mail from Ms. Chapman
to the FDA.



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Q. Okay. The company sought claims
that --

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MR. BUCHANAN: Withdrawn.

12

Could I get a time check?

13

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THE VIDEOGRAPHER: We're at six
hours and 19 minutes.

15

16

MR. BUCHANAN: I'll withdraw my
last question to the extent it was
even half-asked.

18

Could we take a short break?

19

MR. STERN: Sure.

20

21

THE VIDEOGRAPHER: The time is
5:09 p.m.

22

We're off the record.

23

(Recess taken.)

24

THE VIDEOGRAPHER: We are back

1 on the record.

2 The time is 5:19 p.m.

3 BY MR. BUCHANAN:

4 Q. Thank you. We're back on the
5 record, sir. You're still under oath.

6 You understand that, correct?

7 A. Yes.

8 Q. Okay. Great. We're going to
9 push through here and finish up shortly,
10 at least my examination. The clock will
11 probably ring and end me.

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A. I did not know that.

Q. Let's go to exhibit -- sorry. I guess Exhibit 70, sir.

(Campanelli Exhibit 70, document, was marked for identification, as of this date.)

BY MR. BUCHANAN:



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MR. BUCHANAN: You can take that

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down, please.

4

BY MR. BUCHANAN:

5

Q. Let's go now to Exhibit 69.

6

(Campanelli Exhibit 69,

7

document, was marked for

8

identification, as of this date.)

9

BY MR. BUCHANAN:

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1 Q. Okay. All right. You can set
2 it aside, sir.

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1 BY MR. BUCHANAN:

2 Q. For the original Opana product,
3 the company employed sales representatives
4 that called on physicians.

5 True?

6 MR. STERN: Objection; form and
7 foundation.

8 A. My understanding is we had sales
9 reps.

10 Q. Okay. And the systems within
11 the company called for sales
12 representatives to at least note the fact
13 that they were calling on doctors in a
14 system, right?

15 MR. STERN: Objection to the
16 form and foundation. We have no time
17 frame.

18 MR. BUCHANAN: I'm referring to
19 this period of time, counsel, for
20 Opana ER.

21 MR. STERN: Before September
22 2015 or after?

23 MR. BUCHANAN: Well, Opana ER
24 non-reformulated is certainly going to

1 be between 2006 and 2012.

2 MR. STERN: Okay.

3 MR. BUCHANAN: Let's have that
4 time frame in mind.

5 MR. STERN: Okay.

6 A. I wasn't there, so I'm not sure
7 what the company was doing.

8 Q. Okay.

9 MR. BUCHANAN: Behind you,
10 counsel, are three boxes. Each box is
11 a copy of the same exhibit. What I'd
12 like to do, if you could, just maybe
13 just give the witness one folder.

14 Let me come over and help you.

15 (Pause.)

16 MR. BUCHANAN: Sir, I'm going to
17 put this to your side.

18 For the record, Exhibit 108 is a
19 series of printouts of the company's
20 sales call detail database.

21 (Campanelli Exhibit 108, box of
22 documents, was marked for
23 identification, as of this date.)

24 THE WITNESS: I'm sorry. I

1 didn't hear that.

2 MR. BUCHANAN: It's a printout
3 from the company's sales call database
4 that's been produced to us in the
5 litigation of the calls on physicians
6 in Ohio.

7 THE WITNESS: Okay.

8 BY MR. BUCHANAN:

9 Q. Okay. Could you just pull up
10 one of the folders from the box, sir?

11 A. Any one?

12 Q. Any one.

13 I just want you to orient us,
14 sir, to the content of the sales call log
15 as produced to us. Can you pull out a
16 page, first page?

17 MR. STERN: Can I just, for
18 kicks, the one he pulled up is E1873
19 2008 to 2016 full Ohio Opana ER call
20 log ENDO_OPIOID_MDL number 00673566
21 and there's a Post-it note on the
22 front that says number 1. 1-1200.

23 MR. BUCHANAN: And thank you for
24 that, counsel.

1 BY MR. BUCHANAN:

2 Q. I'll represent to you, sir, that
3 the printouts in the other folders in the
4 box that has been marked as this exhibit
5 contain the remaining pages from that same
6 file. It is one file that contains all
7 those pages, sir.

8 A. Okay.

9 Q. Do you see, sir, fields of
10 information as if a very long spreadsheet?

11 MR. STERN: I won't keep doing
12 this, Mr. Buchanan, but just this is,
13 Mr. Campanelli is looking at the first
14 one he's looking at is E1783.3.

15 MR. BUCHANAN: Thank you. Thank
16 you.

17 BY MR. BUCHANAN:

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MR. BUCHANAN: Could I have
Exhibit 110, please?
(Campanelli Exhibit 110,
document, was marked for
identification, as of this date.)

1 BY MR. BUCHANAN:

2 Q. Passing you what's been marked
3 as Exhibit 110, sir.

4 What we've done, sir, is try to
5 zoom in a little bit on a physician in
6 Ohio. Dr. Adolf Harper.

7 Do you recognize the format of
8 110 to be consistent with the field and
9 data you were just reading to us, sir, in
10 terms of its format?

11 A. It looks consistent. Appears to
12 be consistent.

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Q. Passing you, sir, what we're
marking as Exhibit 109.

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(Campanelli Exhibit 109, e-mail,
was marked for identification, as of
this date.)

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MR. BUCHANAN: I'm told we don't
have it on the screen, but how long
would it take to pop the Elmo?

13

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15

16

THE VIDEOGRAPHER: Seconds.

MR. BUCHANAN: Okay.

You can take a look at it first,
sir.

17

(Pause.)

18

BY MR. BUCHANAN:

19

20

21

Q. For the video I've got it on the
Elmo here, you'll see my little squiggles
and notes.

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This is an interaction between a
couple Endo folks.

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For the record, it's a Bates

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21 Q. Okay.
22 MR. BUCHANAN: Can we take a
23 short break?
24 THE WITNESS: Sure.

1 THE VIDEOGRAPHER: All right.

2 The time is 5:49 p.m.

3 Off the record.

4 (Recess taken.)

5 THE VIDEOGRAPHER: We are back
6 on the record.

7 The time is 5:55 p.m.

8 MR. BUCHANAN: Mr. Campanelli,
9 thank you for your time today. I am
10 advised I'm at the end of my -- my
11 time with you. At this point, I'm
12 going to pass you to counsel for --
13 for other states and municipalities
14 for their examinations.

15 Thank you again, sir. I
16 appreciate your time.

17 THE WITNESS: Thank you.

18 MR. STERN: Thank you,
19 Mr. Buchanan.

20 EXAMINATION BY

21 MS. HERZFELD:

22 Q. Good afternoon, Mr. Campanelli.

23 How are you?

24 A. Good. How are you?

1 Q. Good. My name is Tricia
2 Herzfeld, and I'm an attorney for the
3 Tennessee State plaintiffs. I reserved
4 two hours to question you today, but
5 hopefully I won't need all that time. I'm
6 sure you're in a hurry to get out of here.

7 A. I'm here to answer your
8 questions.

9 Q. Great. Wonderful.

10 MS. HERZFELD: Before we get
11 started, I just wanted to lodge the
12 Tennessee State -- state litigations
13 objections in all of the Tennessee
14 State cases about Endo's failure to
15 comply with the MDL protocol and the
16 protocol that has been listed in the
17 Dunaway and Staubus cases.

18 Just to note, we have not
19 received -- we have not received a
20 custodial file for Mr. Campanelli. We
21 have not received any documents from
22 Mr. Campanelli.

23 So we are very specifically
24 reserving our rights to re-depose Mr.

1 Campanelli in the future because it
2 certainly has hampered our ability to
3 prepare for today.

4 MR. STERN: Ms. Herzfeld, I'm
5 sorry to interrupt.

6 MS. HERZFELD: Yes.

7 MR. STERN: I know that -- I
8 know there are other grounds for your
9 objection other than not producing Mr.
10 Campanelli's custodial files, but we
11 believe we have produced his custodial
12 files.

13 MS. HERZFELD: No, I
14 double-checked right before I started
15 questioning. We absolutely don't have
16 it, and we actually sent multiple
17 e-mails requesting it.

18 MR. STERN: Can I have just a --
19 can we go off the record for a minute?

20 MS. HERZFELD: Sure.

21 THE VIDEOGRAPHER: All right.

22 The time is 5:57 p.m.

23 Off the record.

24 (Recess taken.)

1 THE VIDEOGRAPHER: We are back
2 on the record.

3 The time is 5:59 p.m.

4 MR. STERN: So, we're trying to
5 move on with this, but it's my
6 understanding that Mr. Campanelli's
7 Endo custodial files were produced 14
8 days ago. We're going to try to find
9 out to whom they were produced and get
10 you that information as promptly as we
11 can.

12 MS. HERZFELD: Great. And just
13 for your information, so, it looks
14 like we received the intent for
15 February 22nd. The MDL issued its
16 notice of deposition on March 4th. On
17 March 7th is when we e-mailed in
18 compliance with the protocol
19 requesting all the stuff we were
20 supposed to get. On March 11th, Mr.
21 Davis wrote back and said that he
22 would write back separately to address
23 the deposition of Mr. Campanelli. We
24 didn't get any follow-up on that.

1 Then on March 13th, we sent another
2 e-mail requesting that we get Mr.
3 Campanelli's custodial files, various
4 documents, et cetera, et cetera, et
5 cetera. We didn't hear anything back
6 from that. We then e-mailed again
7 Friday, March 15th, explaining that we
8 hadn't received the custodial file for
9 Mr. Campanelli or any other of the
10 documents that would be required, and
11 we didn't hear back.

12 So that's our understanding of
13 where we are.

14 MR. STERN: I understand there
15 are issues with respect to other
16 documents, and those I'm not --

17 MS. HERZFELD: We'll address
18 that a different day.

19 MR. STERN: But I am concerned
20 that we -- there may be some
21 miscommunication, and we're going to
22 try to get to the bottom of it.

23 MS. HERZFELD: Okay, great.

24 I just want to be very clear for

1 the record that I'm taking this
2 deposition without the benefit of Mr.
3 Campanelli's custodial file. So,
4 given that we're here, we're going to
5 try to get through the questions that
6 we can, but I am very, very
7 specifically reserving my right to
8 re-depose this witness at a later
9 date, obviously subject to, you know,
10 the court in Staubus making a ruling
11 on that.

12 I'm not expecting you to agree,
13 is what I'm telling you.

14 MR. STERN: No, no, no, I'm -- I
15 need to confer outside for just a
16 minute.

17 MS. HERZFELD: Sure.
18 Absolutely.

19 THE VIDEOGRAPHER: Okay. The
20 time is 6:01 p.m.

21 Off the record.

22 (Recess taken.)

23 THE VIDEOGRAPHER: All right.
24 We are back on the record.

1 The time is 6:04 p.m.

2 MS. HERZFELD: Okay. We're back
3 on the record after a short break
4 where before we went off the record we
5 were discussing the lack of custodial
6 file or any other necessary documents
7 that we needed for today's deposition.

8 My understanding is that counsel
9 for Endo would like to go forward at
10 this point.

11 MR. STERN: That's correct.

12 MS. HERZFELD: Okay. So, we
13 have reserved two hours today and are
14 specifically reserving our right to
15 re-depose this witness at a later
16 date, specifically under the rules of
17 the Tennessee Rules of Civil Procedure
18 which don't have a time limitation for
19 the deposition, and so we're reserving
20 all of our rights under that, plus all
21 of our prior objections for failure to
22 follow the various protocols in this
23 case.

24

1 BY MS. HERZFELD:

2 Q. Okay. Mr. Campanelli, like I
3 said before, my name is Tricia Herzfeld.
4 I'm an attorney from the State of
5 Tennessee.

6 How are you doing?

7 A. Good. Thank you. And yourself?

8 Q. Good. Good. Good. Good so
9 far.

10 Have you heard anything about
11 the Tennessee litigation?

12 A. No.

13 Q. Okay. Are you familiar at all
14 with the Tennessee litigation being
15 different in any way from the litigation
16 in the MDL?

17 A. No.

18 Q. Okay. You talked a little bit
19 before in your deposition about being
20 aware of the opioid problem in this
21 country.

22 Are you aware that the opioid
23 problem is particularly bad in the
24 Appalachian region of the country?

1 MR. STERN: Objection; form and
2 foundation.

3 A. I'm not sure what you mean.

4 Q. Do you know what the Appalachian
5 region of the United States is?

6 A. Yes.

7 Q. And, are you aware that the
8 opioid epidemic has hit the Appalachian
9 region particularly hard?

10 MR. STERN: Objection to form;
11 foundation.

12 A. I don't know specifically.
13 Generally I'm aware.

14 Q. Okay. And, do you consider
15 Tennessee to be part of Appalachia?

16 A. Yes.

17 Q. And you've heard of NAVIPPRO,
18 the National Addiction Vigilance
19 Intervention and Prevention Program.

20 Is that right?

21 A. I've heard of it. I'm not
22 specifically knowledgeable what it does.

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MS. HERZFELD: Okay. I'm going to hand you what we will mark as Campanelli 500. We're going to start the Tennessee exhibits with 500.

For those on the phone, it's ENDO-OPIOID_MDL_06183930 through '4083.

THE WITNESS: Okay.
(Campanelli Exhibit 500, document, was marked for identification, as of this date.)

BY MS. HERZFELD:

Q. Take a look at that for me,

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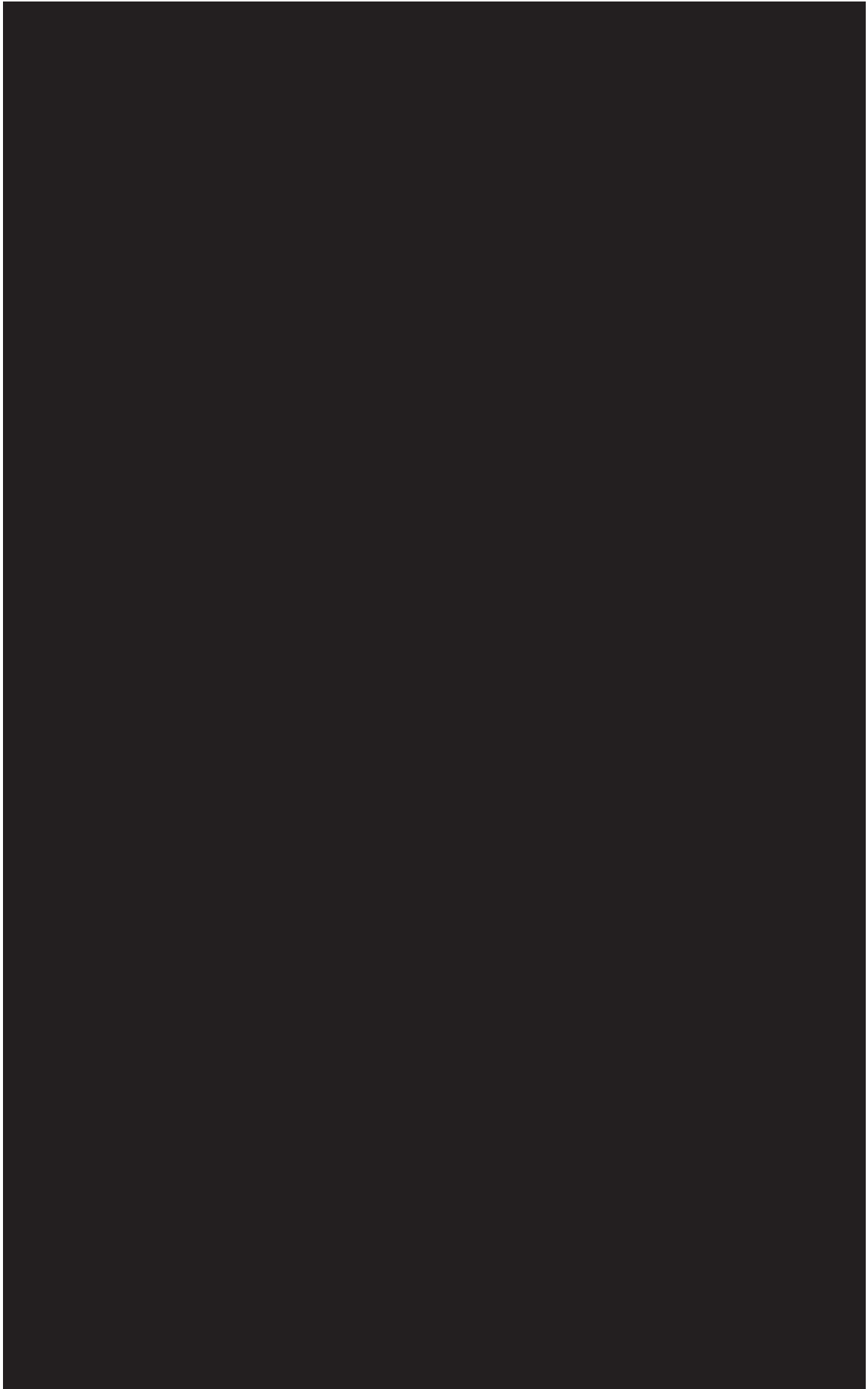
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1 Okay. If you'll set that aside,
2 please.

3 A. Are we done with this document?

4 Q. Yes.

5 (Campanelli Exhibit 501,
6 document, was marked for
7 identification, as of this date.)

8 BY MS. HERZFELD:

9 Q. I'm going to hand you what we're
10 marking as Campanelli Exhibit 501.

11 A. Okay.

12 Q. For the record, it's
13 EPI_001760592 through '60680.

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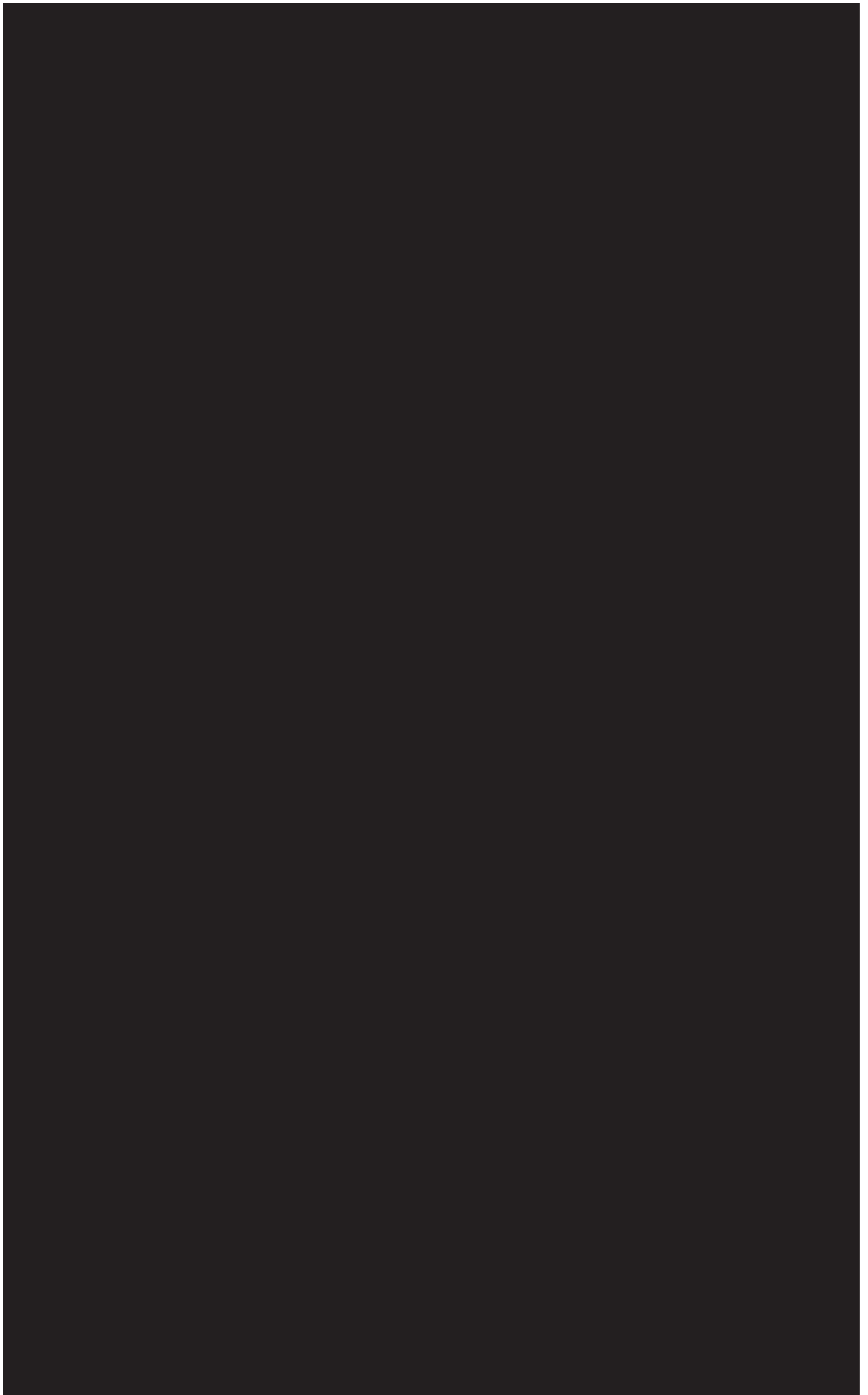
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Q. Okay. I'm going to hand you
what we will mark as Campanelli
Exhibit 502.

(Campanelli Exhibit 502,
document, was marked for
identification, as of this date.)

BY MS. HERZFELD:



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Q. Okay. I'm going to hand you

1 what we will mark as Campanelli
2 Exhibit 503.

3 (Campanelli Exhibit 503,
4 document, was marked for
5 identification, as of this date.)

6 BY MS. HERZFELD:

7 Q. I'll submit to you, sir, that
8 this is the second quarter 2015 NAVIPPRO
9 report that was provided to Endo it looks
10 like the -- looks like the Bates numbers
11 are cut off the bottom of my copy.
12 However, I'll submit to you that that's
13 what it is.

14 Do you see that on the front?

15 A. I'm sorry. What's your
16 question?

17 Q. Does it look to you to be the
18 NAVIPPRO report from the second quarter of
19 2015?

20 MR. STERN: Objection; form and
21 foundation.

22 A. I see the reporting period
23 starting in April.

24 Q. Of 2015?

1 A. Correct.

2 Q. Okay. Good.

3 So, if you will then go with me
4 to page 9.

5 A. Okay.

6 Q. Okay. And if you will go to the
7 second bullet point on page 9.

8 A. Okay.

9 Q. If you'll start about halfway
10 through that paragraph the one that starts
11 with "Further review."

12 Do you see where I'm at?

13 A. Yes.

14 Q. The one that starts with
15 "Demographically." If you could start at
16 "Further review."

17 A. (Reading) Further review of
18 route of administration data during Q2
19 2015 indicates that a greater percentage
20 of the past 30 day abusers of reformulated
21 Opana ER in Tennessee reported injections
22 76.9 percent versus past 30 day abusers of
23 products in all states except Tennessee
24 54.3 percent.

1 Q. Okay. You can stop there for
2 me, please.

3 Okay. And if you could go to
4 page 43. Figure 15.

5 Figure 15 describes the
6 distribution of routes of administration
7 reported by individuals within the ASI-MV
8 network in Tennessee and other states who
9 indicated past 30 days abuse of
10 reformulated Opana ER.

11 Is that correct?

12 A. Yes.

13 Q. Okay. And here Tennessee is
14 also viewed separately from the rest of
15 the country.

16 Is that right?

17 MR. STERN: Objection to the
18 form; foundation.

19 A. I see Tennessee is separated
20 out.

21 Q. Okay.

22 Okay. So, we've looked at a few
23 of these now, and every time Tennessee is
24 always marked in these reports that Endo

1 was receiving as being dramatically
2 different from every other state for IV
3 injection of Opana.

4 Is that right?

5 MR. STERN: Objection to the
6 form and foundation.

7 A. I see that Tennessee has a
8 higher rate.

9 Q. Okay. And that's consistent
10 throughout all the NAVIPPRO reports that
11 we've looked at 2012 through 2015.

12 Is that correct?

13 A. That's correct.

14 Q. Okay. And then, you joined Endo
15 in 2016.

16 Is that correct?

17 A. I joined Endo in September 2015.

18 Q. September 2015?

19 A. Correct.

20 Q. Okay. So you certainly would be
21 familiar then with what was going on at
22 Endo in 2016, yes, sir?

23 MR. STERN: Objection to the
24 form of the question.

1 A. 2015 I was aware of the generic
2 aspect of what was going on at Endo.

3 Q. Okay. But in 2016, you started
4 your current position at Endo.

5 Is that --

6 A. In September of 2016 I would
7 have become aware.

8 Q. Okay. So, I'm going to hand you
9 what we'll mark as Campanelli Exhibit 504.

10 A. Okay.

11 (Campanelli Exhibit 504,
12 document, was marked for
13 identification, as of this date.)

14 BY MS. HERZFELD:

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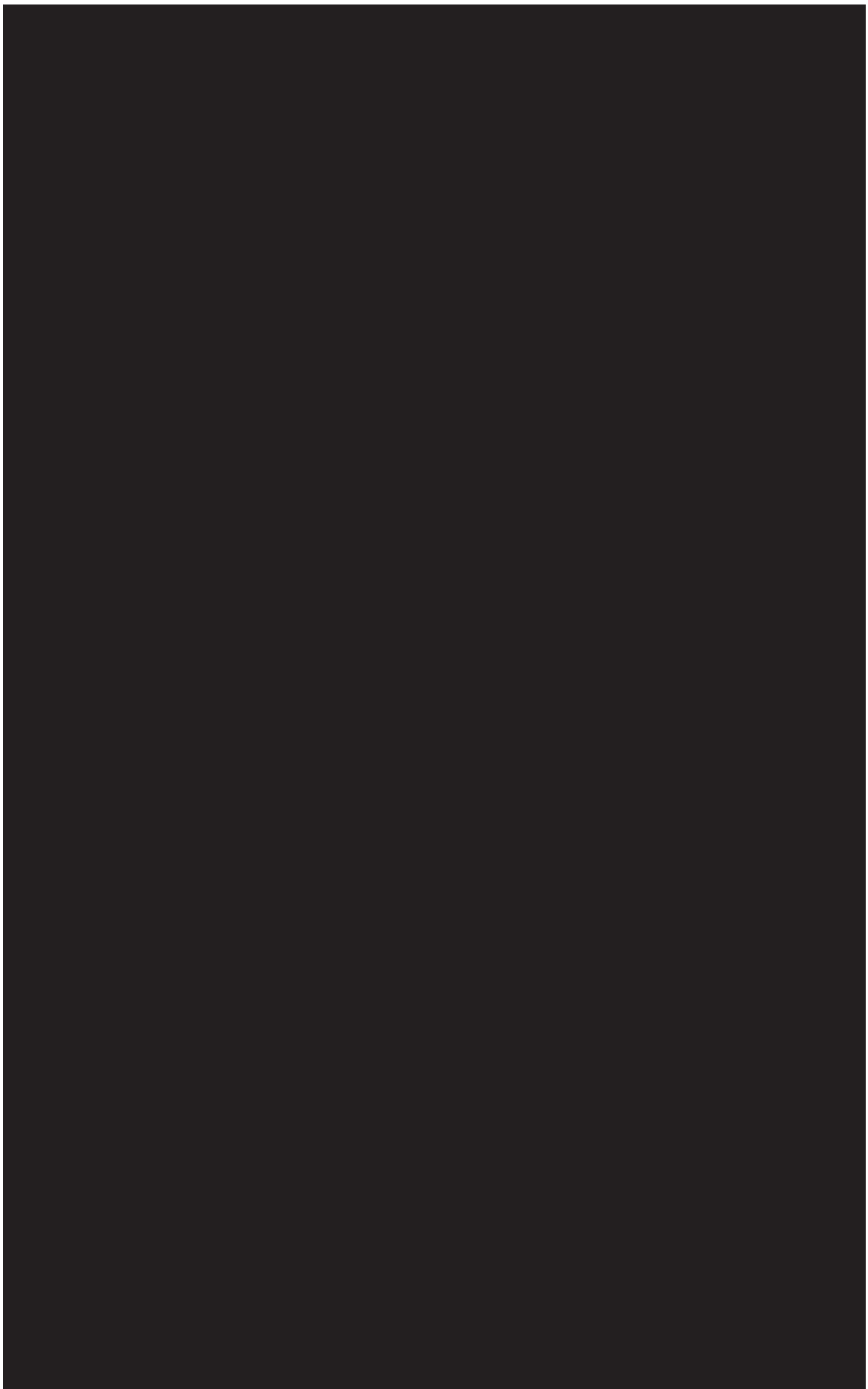
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Is that right?

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MR. STERN: Objection; form and

5

foundation.

6

A. I would agree that a dealer is

7

legal.

8

MR. STERN: Can you just bear

9

with me one minute, Ms. Herzfeld?

10

Which exhibit are we on?

11

MS. HERZFELD: Page 48.

12

MR. STERN: Of which? Of 504?

13

MS. HERZFELD: Of 504.

14

MR. STERN: Sorry. Go ahead.

15

BY MS. HERZFELD:

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5 Q. Okay. Okay. I'm going to hand
6 you what we will mark as Campanelli
7 Exhibit 505.

8 (Campanelli Exhibit 505, e-mail,
9 was marked for identification, as of
10 this date.)

11 BY MS. HERZFELD:

12 Q. This is ENDO_OPIOID_MDL-02667006
13 and '7007.

14 Sir, there was a time when Endo
15 considered not shipping Opana to
16 Tennessee.

17 Is that correct?

18 MR. STERN: Objection;
19 foundation; form.

20 A. I don't know that.

21 Q. Okay. If you'll go ahead and
22 take a look at this e-mail reading from
23 the bottom up.

24 A. (Perusing document.)

1 Q. Sir, who is Brian Lortie?

2 A. Brian Lortie was the president
3 of the branded portion of Endo.

4 Q. Okay. And, who is Jason
5 Reckner?

6 A. I don't know.

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17 Q. Okay. Why was the decision made
18 not to suspend or stop shipping Opana ER
19 to Tennessee?

20 MR. STERN: Objection;
21 mischaracterizes testimony; form and
22 foundation.


23 A. What period of time?

24 Q. Any period of time.

1 A. I don't know. I can't answer
2 that question before my -- before my role
3 as CEO.

4 Q. Okay. What about during your
5 role as CEO?

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Q. Okay. And, you attended the
March 2017 ADCOM meeting?

4

A. I did not.

5

Q. You did not?

6

A. No, I did not.

7

8

Q. Okay. Did -- do you know who
from Endo did attend?

9

10

A. I -- I -- I know several people
would have.

11

12

13

Q. Okay. Did you ever review the
materials that were presented at the March
2017 ADCOM meeting?

14

A. I would have received a copy.

15

Q. Okay.

16

17

18

MS. HERZFELD: I'm going to mark
this as Endo Exhibit 50 -- or,
Campanelli Exhibit 506.

19

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(Campanelli Exhibit 506,
document, was marked for
identification, as of this date.)

22

BY MS. HERZFELD:

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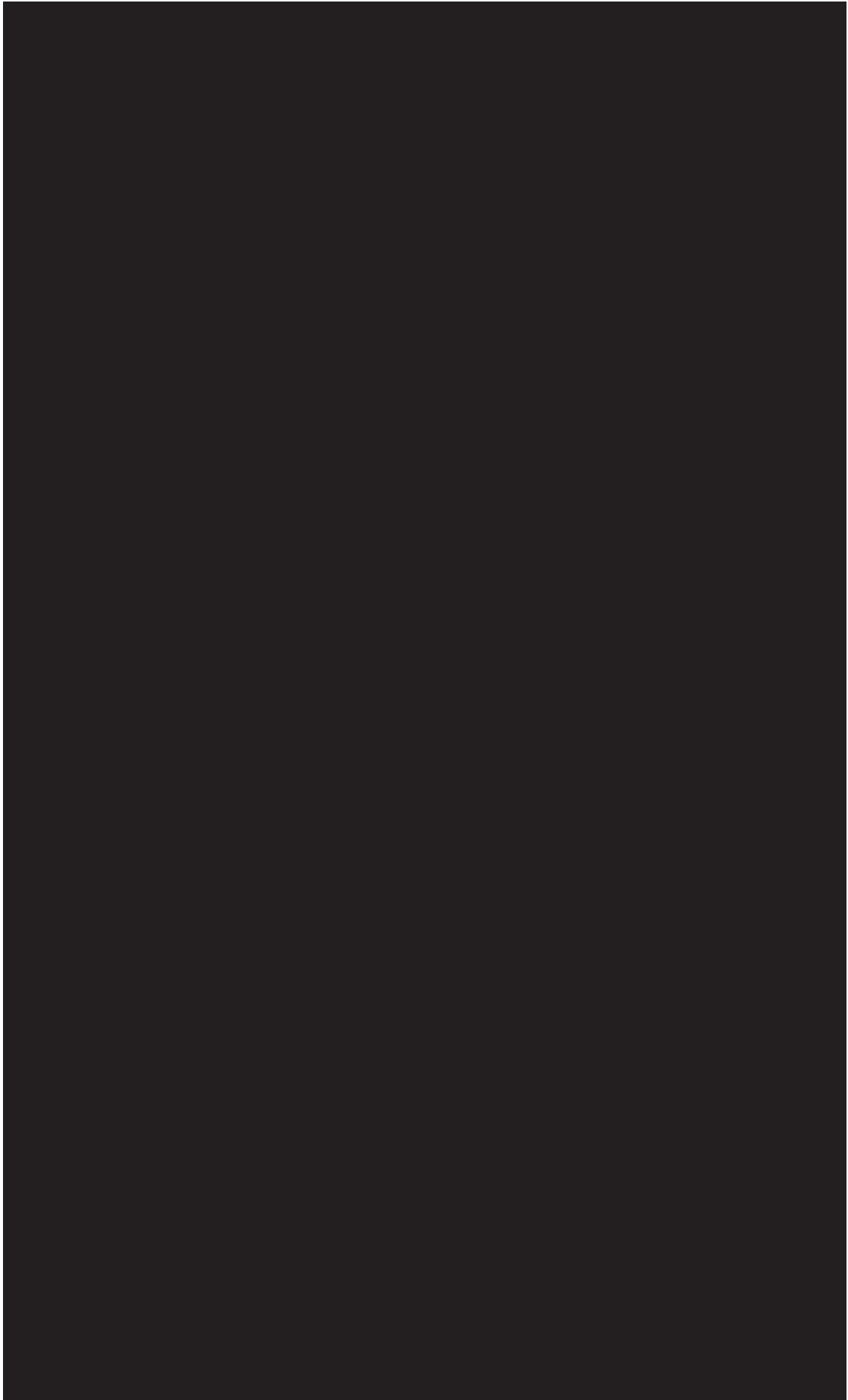
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Q. Okay. Sir, if you'll take a
look at this, it's the slide deck from the

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Q. Okay. Great. You can set that
aside for me, please.

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MS. HERZFELD: Okay. And I'm on
my last one, for anybody trying to
figure out travel plans.

8

9

10

Q. Okay. I'm going to hand you
what we've marked as Campanelli Exhibit
507.

11

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(Campanelli Exhibit 507, e-mail,
was marked for identification, as of
this date.)

14

BY MS. HERZFELD:

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17

Q. And for the record, it's
ENDO_OPIOID_MDL-01848038. It's one-page
document.

18

19

Take a look at this for me, sir.
I'll give you a moment to review it.

20

A. (Perusing document.)

21

22

MR. STERN: I'm sorry. What
number is this? 506?

23

Paul?

24

MS. HERZFELD: 507.

1 MR. STERN: 507. Thank you.

2 BY MS. HERZFELD:

3 Q. Have you had an opportunity to
4 review it, sir?

5 A. Yes.

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MS. HERZFELD: Okay. I'll just
take a five minute break, two minutes,
something.

MR. STERN: Sure.

THE VIDEOGRAPHER: All right.
The time is 7:00 p.m.

Off the record.

(Recess taken.)

THE VIDEOGRAPHER: We are back
on the record.

The time is 7:03 p.m.

MS. HERZFELD: Thank you, Mr.

1 Campanelli. I'm going to suspend the
2 deposition at this time. I don't have
3 any more questions for you today. But
4 I'm suspending it based on the fact
5 that we haven't received any of the
6 documents in your custodial file and I
7 would like to have those in order to
8 be able to question you further.

9 So we'll suspend the deposition
10 at this time.

11 MR. STERN: And, again, it's our
12 understanding that you have received
13 those documents.

14 MS. HERZFELD: Understood.

15 (Pause.)

16 EXAMINATION BY

17 MR. STERN:

18 Q. Mr. Campanelli, good evening.

19 A. Good evening.

20 Q. When did you start working at
21 Endo?

22 A. September 2015.

23 Q. And what was your position then,
24 would you remind us?

1 A. President of the generics
2 position.

3 Q. And you held that position until
4 when?

5 A. For one year to September 2016.

6 Q. When you became what?

7 A. President and CEO of Endo.

8 Q. Mr. Buchanan showed you about 70
9 documents, give or take. The record will
10 speak for itself on that point.

11 But, does that sound about right
12 to you?

13 A. A number of documents.

14 Q. Did -- and that included Endo
15 documents.

16 Is that right?

17 A. Correct.

18 Q. And by Endo documents I mean
19 e-mails, internal e-mails at Endo.

20 You saw those?

21 A. Yes.

22 Q. You saw other documents that had
23 Endo logos on them?

24 A. Yes.

1 Q. Did any of -- were -- was your
2 name on any of those e-mails?

3 A. No.

4 Q. As a "to"?

5 A. No.

6 Q. As a "from"?

7 A. No.

8 Q. As a "cc"?

9 A. No.

10 Q. Anywhere in the body of any of
11 those e-mails?

12 A. No.

13 Q. What about the other Endo, what
14 I'm just defining as the Endo documents,
15 documents generated by Endo or with an
16 Endo logo on them, does your name appear
17 on any of those documents?

18 A. No.

19 Q. Did you ever receive any of
20 those documents?

21 A. No.

22 Q. Are any of the documents, with
23 the possible exception of the AOD, had
24 you, of all the documents that

1 Mr. Buchanan showed you, had you seen any
2 of them before today?

3 A. No, I have not.

4 Q. With the possible exception of
5 the AOD, did any of them bear a date that
6 preceded, came before, September 1st,
7 2015?

8 A. No.

9 Q. For the time period before
10 September 1st, 2015, do you have any
11 personal knowledge of any internal
12 communications at Endo?

13 A. I do not.

14 Q. For that time period, do you
15 have any personal knowledge of what
16 decisions were made at Endo about opioids?

17 A. I do not.

18 Q. Do you have any personal
19 knowledge about why decisions were made at
20 Endo about opioids before September of
21 2015?

22 A. I do not.

23 Q. Do you have any personal
24 knowledge about anything that happened at

1 Endo before September of 2015?

2 A. I do not.

3 Q. So, to the extent that you were
4 answering questions about the documents
5 that you saw, what were those answers
6 based upon?

7 A. The words on the paper.

8 Q. Anything else?

9 A. No.

10 MR. STERN: I have nothing
11 further.

12 MR. BUCHANAN: How long?

13 THE VIDEOGRAPHER: He went for
14 four minutes.

15 MS. JONES-McDONALD: No, there
16 was time.

17 THE VIDEOGRAPHER: Three
18 minutes.

19 You want to go off the record?

20 MR. BUCHANAN: Yeah.

21 THE VIDEOGRAPHER: All right.

22 The time is 7:07 p.m.

23 Off the record.

24 (Recess taken.)

1 THE VIDEOGRAPHER: We are back
2 on the record.

3 The time is 7:10 p.m.

4 BY MR. STERN:

5 Q. Mr. Campanelli, I think between
6 us, my going too fast and everyone's
7 schedule this evening, I think that
8 there's one question and answer that we
9 need to clear up. I don't think this will
10 be in dispute, but I'm going to ask the
11 question again.

12 With the possible exception of
13 the AOD, were any of the documents -- did
14 any of the documents that Mr. Buchanan
15 showed you bear a date after September
16 1st, 2015?

17 A. After? No.

18 MR. STERN: Okay. Thank you.

19 THE VIDEOGRAPHER: Stay on the
20 record or go off?

21 MR. BUCHANAN: Just one moment.
22 We can go off.

23 THE VIDEOGRAPHER: Off the
24 record, right?

1 MS. SCULLION: Yes.

2 THE VIDEOGRAPHER: The time is
3 7:11 p.m.

4 Off the record.

5 (Recess taken.)

6 THE VIDEOGRAPHER: The time is
7 7:13 p.m.

8 Back on the record.

9 FURTHER EXAMINATION BY

10 MR. BUCHANAN:

11 Q. Now, sir, you are the president
12 and CEO of Endo, correct?

13 A. Correct.

14 Q. Within Endo, operating company
15 Par, correct?

16 A. I'm sorry?

17 Q. Within Endo, an operating
18 subsidiary Par, correct?

19 A. Correct.

20 Q. Also responsible for that,
21 correct?

22 A. Yes.

23 Q. Par has within it the operating
24 assets of Qualitest, correct?

1 A. Qualitest no longer exists.

2 Q. Okay. Those assets are now
3 within the company that is Par, correct,
4 sir?

5 A. Correct.

6 Q. Okay. I'll pass you what we
7 marked as Exhibit 111 to your deposition,
8 sir.

9 (Campanelli Exhibit 111, e-mail,
10 was marked for identification, as of

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MR. BUCHANAN: No further questions.

THE VIDEOGRAPHER: Okay. Off the record.

All right. This marks the end of today's deposition. The time is 7:17 p.m.

(Deposition adjourned at approximately 7:17 p.m.)

1 A C K N O W L E D G M E N T

2

3 STATE OF)

4 : SS

5 COUNTY OF)

6

7 I, PAUL CAMPANELLI, hereby
8 certify that I have read the transcript of
9 my testimony taken under oath in my
10 deposition of March 21, 2019; that the
11 transcript is a true and complete record
12 of my testimony, and that the answers on
13 the record as given by me are true and
14 correct.

15

16

17

PAUL CAMPANELLI

18

19 Signed and subscribed to before me this
20 _____ day of _____, 2019.

21

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23 _____
Notary Public, State of

24

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1 C E R T I F I C A T E

2 STATE OF NEW YORK

3 COUNTY OF NEW YORK

4

5 I, Marie Foley, RMR, CRR, a
6 Certified Realtime Reporter and Notary
7 Public within and for the State of New
8 York, do hereby certify:

9 THAT PAUL CAMPANELLI, the witness
10 whose deposition is hereinbefore set
11 forth, was duly sworn by me and that such
12 deposition is a true record of the
13 testimony given by the witness.

14 I further certify that I am not
15 related to any of the parties to this
16 action by blood or marriage, and that I am
17 in no way interested in the outcome of
18 this matter.

19 IN WITNESS WHEREOF, I have
20 hereunto set my hand this 24th day of
21 March, 2019.

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MARIE FOLEY, RMR, CRR

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	LAWYER'S NOTES		
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